A ( 24 )		CAL	VIN	LEROY	A	INDREWS		2 2	24 85	6:00A
£ (2)	3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
4 00		male	cau	•	Oct.	6 1908	76	YRS.		
1 1 1 W	7a. Bi	RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	_	OF DEATH	1
		MARYLAND	U.S.		WIDOWE	DIVORCED	DORCHEST			MD.
o ofter s of s ofter s of s o	10. CI	CAMBRIDGE	DORCI	F HOSPITAL, NURSIN HESTER GI	G HOME C DDRESSI LN LR	AL HOSPITAL	(TYPE OF WORK FOR MOST OF MECHANIC	F WORKING LIFE	INDUSTRY	Process
AND 212	13a S	AL RESIDENCE (IF NURSING HOME OF MARYLAND 135 DOR	OTHER INSTITUTION CHEST	ER BUCKTO	ADMISSION)	13d, INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / RO			013
maryt, maryt ompletely cond 2 s	14 FA	GEORGE	RILEY	ANDRI		MARGIE	WIDDLE		ANDRE	
BALTIMORE, cote be executioned and coppers. Pages by vol.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES E WAR OR DATES)			Mrs. Doris	Brooks, 2	Camb	ppleby	Md.21613 St.
201 W. PRESTON ST., BALL es that the deoth certificate ned by the attending physici please remove carbon paper urial, cremation, or removal. r, or other troumatic event, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT (	DUE TO,  DUE TO,  (b),  DUE TO,  (c)	OR AS A CONSEQUE	NCE OF		13 RA 1		3	MATE INTERVAL ONSET AND DEATH W/CS
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir offending physician.  frer this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b rived or frem 18 shows any injury	CERTIFICATION	198 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING	19b CON	OF INJURY			200 AUTOPSY?	20b. IF YES IN CERTIF YE	, WERE FINDIN YING CAUSES	IGS USED
S PHYSICIAN Hending phy trins certificate the buriol-trooping Mental Hending Physician Mental Hending Mental Me	MEDICAL O	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOT WHILE	21e PLAC	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY OFFICE, F.	19	21f LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
ATTENDING ospital or ector. After defor use os of for use os of for use os of for use os of for use os		220 I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE		19		nd that in (my) (our) apinion				
PITAL OR by the h LERAL DIRI se deteche State Dep		22d PHYSICIAN'S NAME (TYPE O	PRINT)	re .		ATTENDING PHYSICIAN [	MEDICAL STA DIRECTOR PHYSIC	ff Cian []	I'M. DATE	SIGNED
O HOSF erained TO FUNI should b		M CREMATION REMOVAL	·S.	SHAPI	icc,	H.O.	224 LOCATION			

MIDDLE

FOR

- STATE

REGISTRAR

FIRST

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

BP.

(SPECIFY)

burial

23a. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

2/26/85

Dorchester Mem Pk.

23d LOCATION AIREY, DORCHESTER, MD.

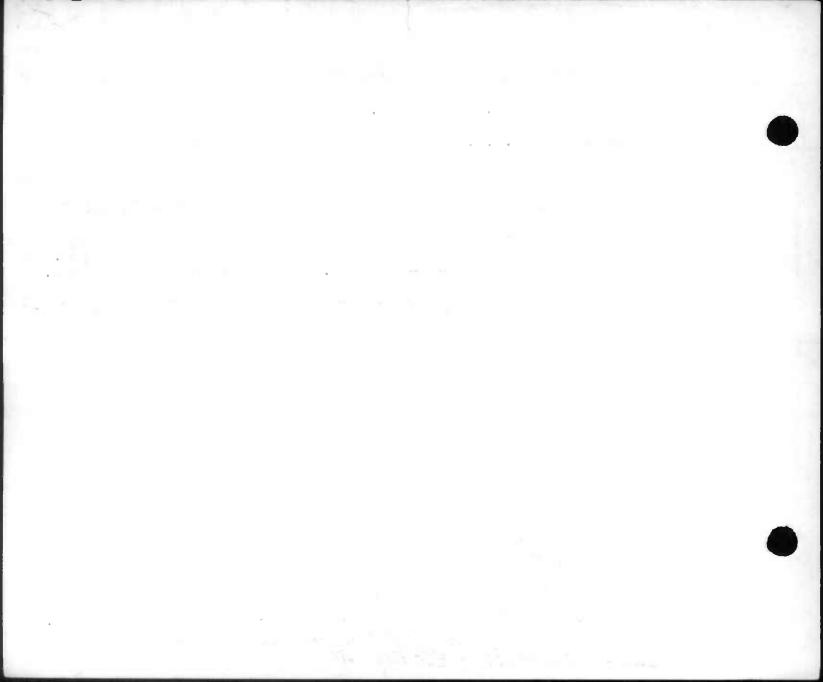
REG. NO.

MONTH

2b. HOUR

85 IF UNDER 1 YEAR DAYS

2a DATE OF DEATH



									REG. NO	
8	1. DEC	CEASED NAME OR PRINT! KENNE!	rmst TH	POMER	OY A	APPLEG	ATE		PEB.	2
1	3 SE)	MALE	4	RACE WHITE		243	DAY 1	YEAR 920	6. AGE (IN YEARS LAST BIRTHI	>.
(3)	CC	RTHPLACE (STATE OR FORE DUNTRY) W Jersey	IGN 7b	U.S.A	VHAT COUNTR	MARRIEI WIDOWE		ARRIED	DORCHEST	4 10 9
St be no	10 CI	TY OR TOWN OF DEATH	F		OSPITAL, NUR IFACILITY, GIVE STR BOX	EET ADDRESS)	bridge		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Sales	
hunetru	13a S		BE COUNTY		Cambri	NWC	13d. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS Rt. 1. Box	
9		THER'S NAME FIRST KENNETH	POME	OLE ROY A	PPLËGA	ATE, SR	. MAR	RST	MIDDLE	
/	Ióa: W	VAS DECEASED EVER IN	U.S. ARME IF YES, GIVE WA WW II	D FORCES? AR OR DATES)	042-16	5-8392	Mrs.	Janet	K. Apples	
ny injury, or other traur	NO		diote the lost	DUE TO, OR	AS A CONSECT AS A CONSECT S LAMO NTRIBUTING T	C JL		O THE TERM		11
shows an	CERTIFICATION	19a DATE OF OPERATIO	)N	196 CONDIT	ION FOR WHI	CH OPERATIO	WAS PERFOR	MED	200 AUTOPSY?	2
or Rem 18		218. ACCIDENT WAS UNDERI OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E	JSE OF DEATH	216. TIME OF HOUR A.A.	A. MONTH	DAY YEAR	21c. HOW INJI	URY OCCURR	ED LENTER NATURE OF INJURY	81
marked	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE C (AT HOME, STRE	F INJURY ET, FACTORY, OFFIC	CE, FARM, ETC.)	21f LOCATION STREET	6.4	CITY OR TOWN	
Dept. of Heal If Item 21 is		220. I certify that (1) (the saw the deceased above. (1) we) (did 22b. SIGNATURE				14 de	DEGREE	tending	deoth occurred on the dot	-
should be detact with the State		220 PHYSICIAN'S NAM Edmund	-	ac Lan	stin				DIRECTOR D PHYSICIA	
F & § ₹	23e. B	Cremation, RE		236. DATE 2-181_	35 S	alisbu	emetery or cr	REMATORY	234 LOCATION CITY OR TOWN SALIS RURY	

**DHMH-16 25M** 

(VRA 15, 4) 1/79

Item 5 FilmG601 3/1/85JAB STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 26. HOUR 17,1985 IF UNDER I YEAR MONTHS YRS COUNTY OF DEATH 126. KIND OF BUSINESS OR ORKING LIFE INDUSTRY Auto 21613 16, Cambridge, Md. MOUNT ate, same as#13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [ N ITEM 18, PART 1 OR PART 2] COUNTY STATE , that (we) lost and hour and from the causes stated 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CRRAN FUNERA HOME CAMBRICE, MOLGIB

**)** Total Land Carter Comment of the Com . The second of EN SE SENT DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA

	FOR STATE REGIS				DEPAS	RTMENT OF H	E OF MARY EALTH AND ICATE OF	MENTAL HYG	IENE 8	REG. NO		) 5	1	7	6
	1. DECEASED (TYPE OR PRINT)		and (	7	DDIE	FISK:	AST S		2a DATE OF	DEATH	MONTH 2	H H	YEAR 85	19-	BOPM
	3. SEX	emale	4 R	ACE [Z	lack	5. DATE (		YEAR 55	6. AGE (IN YE	29	HDAY) YRS.	# UNDE	DAYS	IF UNDER	MIN.
6	Mary Mary	CE (STATE OR FORE Land OWN OF DEATH		U.S.A	OSPITAL, NUR	MARRIE WIDOWE SING HOME (	D	MARRIED DIVORCED DISTITUTION	Dorcl	heste	r On	12b.		F BUSIN	MD.
		ridge DENCE (IF NURSING		orches	FACILITY, GIVE STR STER GE IVE RESIDENCE BEI 13(. CITY OR TO	neral F	Hosp	CITY LIMITS?	Labo:	rer			act	ory	
	Md.	. D	orchest	er	Cambrida		YES 🔀	NO []	626 G	reenw	ood A	lve.	216		
S //		AC CEASED EVER IN	U.S. ARMET		Walle		17 INFORM	Oris		ADDRE	SS		Jon		
e medico			IF YES, GIVE WA		212-66-1			ory D. A	skins	626 G	reenw			1613 and.,	
injury, or ather traumatic event, the	Cand gave	itians, if any, w rise to immed (a), stating	CAUSED B'	Y. AUSE (a) DUE TO, OR	AS A CONSEC	QUENCE OF	l he	at a	lista	RI			STWEEN I	ONSET ANI	DEATH
		OTHER SIGNIF				TO DEATH BUT			200 AUTO		20b. IF YE	S, WER	E FINDI	NGS USE	
is morked or Item 18 shows ony	OR CO	CODENT WAS UNDER	ISE OF DEATH EXAMINER)	21b. TIME OF HOUR I A.M P.M	A. MONTH A.	DAY YEAR		INJURY OCCUR	YES T	NO T	1 Y	ES 🗌		NO [	
norked or	AT WOR	JURY OCCURRED  NOT WHILE AT WORK  certify that (1) (the			ET, FACTORY, OFFI		211. LOCA STRI	ION ET	to	CITY OR TO	WN .	. 19.d	DUNTY	that (1)	STATE (we) last
MPORTANT: If Hem 21 is r	22b. Si	w the deceased bave, (I) (we) (did GNATURE	alive an ) (did nat) vi	ew the body of	1		DEGREE ND	y) (aur) apinian ATTENDING PHYSICIAN	MEDICAL	STAI	FF	ond t	rom the		tated
APORTAN	22d. N	NORTO	NE (TYPE OR PR	. /	, ma		22e ADDR	ESS RCAESTE	R GE	NC	40	SPI	TAC	-'	
<u> </u>	(SPECIFY)	cremation, re		2/9/85	2	Bethel			23d LOCA CITY Cambr TE REC'D. BY R	idge_		rches	ter		STATE

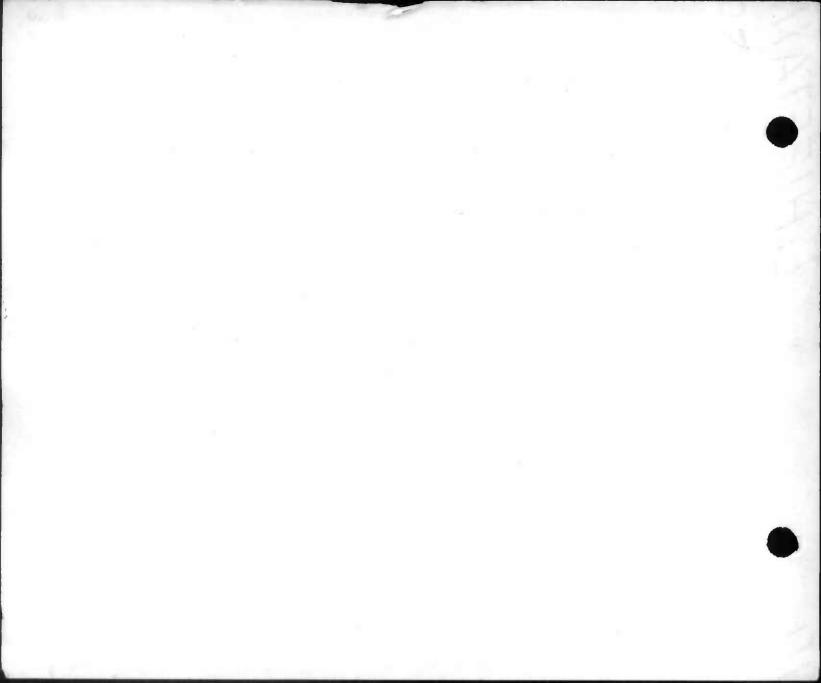
DHMH - 16 50M 4/83 (VRA 15, 4)

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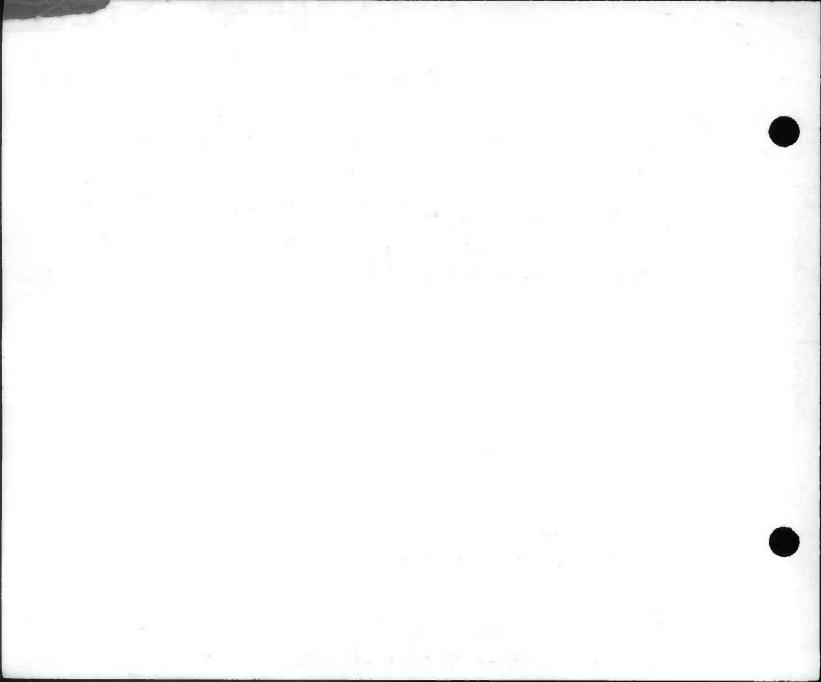
Boardley Funeral Home

812 Hubbard St. Camb., Mi

730. DATE REC'D. BY REGISTRAN 230. REGISTRAN'S SIGNATURE



	STATE OF MARYLAND	8 5 0 5 7
1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYG	IENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO. 05 117
1. DECEASED NAME , FIRST	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
o mf (TYPE OR PRINT) Helen	Atheretan	2 8 85 10 7 1
> 316	11/ NOVISON	6. AGE PYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
3. SEX	4 RACE DAY OF BIRTH	MONTHS DAYS HOURS MIN.
FEMALE	NEGRO 2 3 97	86 YRS
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COUNTY OF DEATH
MARYLAND	USA WIDOWED DIVORCED	Doechester MD.
IN CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
E. NEW MARKET	DORCHESTER GENERAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETIRED
USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	136 STREET ADDRESS / ZIP CODE
Z III NO. Dro	Chester E. New Market YES   NO X	PO.Bx 39 21631
II FATHER'S NAME	MIDDLE LAST IS MOTHER'S MAIDEN NAM	ME MIDDLE DEAST
& HAMA DESTUR	I huning Hester	*
160 WAS DECEASED EVER IN U.S. AR		ADDRESS
YES, OO UNKNOWN) (IFYES, GI	219-03-1283 Elsie Bland	42 St. Tocomoke, Ald.
18 CAUSE OF DEATH IE MET OF PART I. DEATH WAS CAUSE	lly ane cause per line far (a), (b), ghd (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DBY: (E CAUSE (O) Hyper tirsuno Cupilion ville	eler deserre
ding ding	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which	(b)	
gave rise to immediate cause (a), stating the		
underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	IN ALDISEASE OF CONDITION GIVEN IN PART LIG
F 75 0 0	De 222	IVAL DISEASE ON CONDITION ON CONTRACT IN
THE SECOND PRINCIPLE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED
Q 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	THE CONDITION TOR WHICH OF EXAMINING WAS FERE COMMED	IN CERTIFYING CAUSES OF DEATH?
ZIO. ACCIDENT WAS UNDERLYING	The state of the s	YES NO YES NO
	THE THE PARTY NEAR VEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE		
AH OF SHAP OF STATE O	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.)  211 LOCATION STREET	CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK		
Z = 2 3 + 2	ital) attended the deceased fram, 19	
CTO of to the deceased affine as the deceased affine as	. and that in (my) (aur) apinian a	death occurred on the date and have and from the causes stated
TA SIGNATURE	DEGREE	22c DATE SIGNED
AAL ON THE PERSON IN THE DESCRIPTION OF THE PERSON OF THE	FECTION MO ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN
TAN SAME (TABLE)  STATE OF THE	DR PRINT) 27e ADDRESS	1///
TO HOSPITAL  TO FUNERAL  Should be detected by the State of State	302 00//1	
Q € ₩ 3 ≥ LURIAL, CREMATION, REMOVAL		23d LOCATION CITY OR TOWN STATE AND
BP   Burial	2-12-85 Tindley Mem Com	Hocomake Somerset Mu.
DHMH - 16 50M 4/83		E REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(VRA 15, 4) James	19 Jurage Lew Churcha FE	B 1 1 1805



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	7	
		- Marie Street
The same of the sa		
	-	

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and campletely filled in brill ages 1 and 2 shalled by filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

## STATE OF MARYLAND

-				
EPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
CFI	RTIFIC	ATE OF	DEATH	

	1 -	STATE REGISTRAR		DEFARIN		ICATE OF DEATH	REG. 1	<b>VO</b> .		
		CEASED NAME FIR	55i2	MDDLE		asley. Sr.	2a. DATE OF DEATH	MONTH	9 85	26. HOUR 9:14 AM
	3. SE)	(	4_RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
4		Male	Neg	ro	7 MONTH	20 15	69	YRS		HOURS MIN.
M		RTHPLACE (STATE OR FOREIG	ON 76. CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	ITY OF DEATH	
71		Rivias	U.S.		WIDOWE	D DIVORCED	Dorchest			MD.
2	1	mbridge	( IF NOT IN SUCI	iospital, nursin HFACILITY, GIVE STREET A Ster Gene	ADDRESS)	ROTHER INSTITUTION  IOSpital	170. USUAL OCCUPA (TYPE OF WORK FOR MOST Laborer		GUFE) INDUSTRY	tory
9	13a. S			GIVE RESIDENCE BEFORE 131. CITY OR TOW  Cambridge	N	134 INSIDE CITY LIMITS? YES X NO .	13e.STREET ADDRESS 807 Maces I		Camb., Md	. 21613
1	14 FA	THER'S NAME FIRST Elbert	MIDDLE	Beaslev		15. MOTHER'S MAIDEN NA/ FIRST Atmecie	WE		Willia	si MS
1		VAS DECEASED EVER IN U		166 SOCIAL SECU		17, INFORMANT	ADDI	RESS	WALLACK	
/[		res, no or unknown) (if	YES, GIVE WAR OR DATES)	257-22-472	5	Janie Mae Beasl	ey 807 Mace	s Lane	e Camb., N	M1. 21613
		Canditians, if ony, wh gove rise to immedic cause (o), stating underlying cause lo	DUE TO, OR  DUE TO, OR  ich bite the post.  (c) (c)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COI	ndition (	SIVEN IN PART I	0
/	CERTIFICATION	19a DATE OF OPERATION	1 196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDII RTIFYING CAUSES YES [	
7	MEDICAL CER	21g. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE)	E OF DEATH HOUR A./	M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCURE	RED (ENTERNATURE OF IN)	IURY IN ITEM 1	18 PART I OR PART 2)	
	MED	21d INJURY OCCURRED		EET, FACTORY, OFFICE, F.	ARM, ETC }	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
			_ ' / '	2/9/19		d that in (60) (our) apinian	death occurred an the	date and h	naur and fram the	
		27b. SIGNATURE		nar	p	DEGREE  ATTENDING PHYSICIAN [	MEDICAL ST. DIRECTOR PHYS	AFF	22c. DATE	9/85
		22d PHYSICIAN'S NAME	G TUV	iano n	10	Unu of	and Horza	22	South Gr	-une Street
- 1	23a B	LIPIAL CREMATION DEM	OVAL 235 DATE	77. N	LAME OF C	EMETERY OF CREMATORY	1234 LOCATION			

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the haspital or attending physician

(SPECIFY) Burial 2/15/85

Bethel AME Cem.

Carbridge

Dorchester Maryland

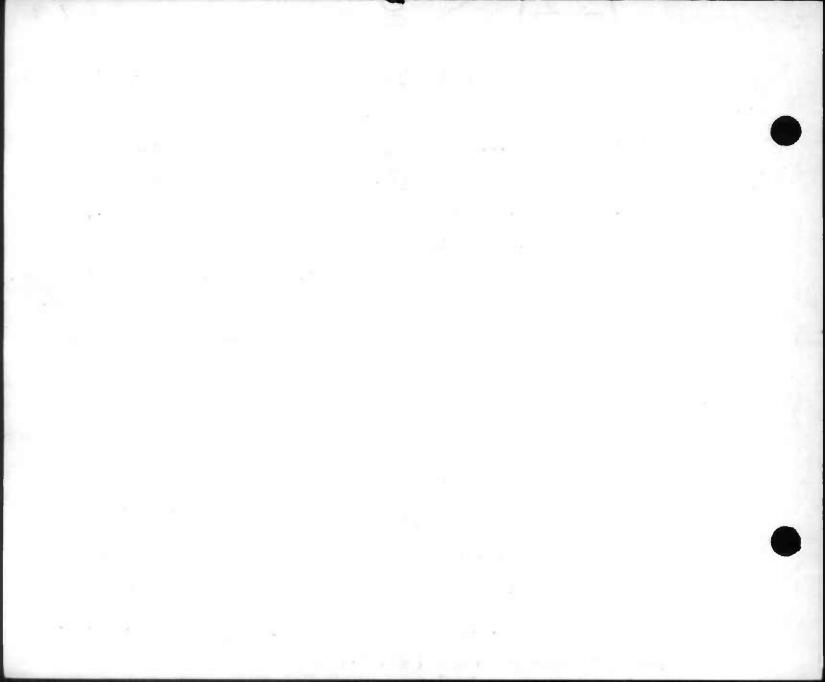
8

24 FUNERAL DIRECTOR
NAME

Boardley Funeral Home BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21613 Camb., Md. 812 Hubbard St.



	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE S 5	05179
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
3 3	(TIPE	Julian	SpiceR	Bell		Feb.15, 85 LO AM
	3. SE	Male	White	5. DATE OF BIRTH  MONTH DAY  Apr. 8 1902	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
merol dr n 72 hou	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR O	COUNTY OF DEATH
1 11 1/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12g. USUAL OCCUPATION	
1 13 6		Cambridge	Dorchester	Genl. Hospital	Cabinet Ma	
Sa hou	USU 13a	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13c. CITY OR TOV Cambr	VN 13d. INSIDE CITY LIMITS?	301 Tal	tip code 2/6/3
1 11 70	14. F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
2 20/2/		Samuel	T. Bell	Mati		Spicer
5 8-0 8 F P E		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
1 12 1/		NO		4-1957 Mrs.Fra	ances T. Bel	1 301 Talbot Ave
not the deoth certification by the ottending phase exclabring size remove carboning, or remotion, or remotion other troumotic even		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF CARCINO MA	DENT - RT H	
n gned Tin ple m to burio	NOIT			DEATH BUT NOT RELATED TO THE TERM		
he for hot be me prival	CERTIFICATION	19a Date of Operation	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		ROB. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
CLEN 1 2 physics entificate obtrominated thy		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	HOUR A.M. MONTH	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY I	N (TEM 18 PART 1 OR PART 2)
G PHYS offer the control Me to the the control Me to the control M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC)	CITY OR TOWN	COUNTY STATE
TENDS AT TOR AT T		saw the deceased alive a	n 19 19 19 19 19 19 19 19 19 19 19 19 19	DPC DF 19 FY , 19 FY , ond that in (my) (our) opinion	death occurred on the date	that (1) (we) last e and hour and I am the causes stated
At OR A. The house At DiRECted setoched ore Dept. T. if from		22h SIGNATURE  Ough W.	many and	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIA	2/15/45
ANTAN A	1	224. PHYSICIAN NAME (TYPE		22e ADDRESS		
A PORTOR A P			2. MARYANO			BR1965, MD 21613
		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
ВР	The same of	Burial UNERAL DIRECTOR	Feb.17,1985	Dorchester Nem	TERE DISYREGISTRARIZE	idge Dor Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		NAME	al Home, Cambri	dge.Md. FEB2	1 1500 guia	Lawara Haman



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 in the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

morked or them 18 shows any injury, or other troumatic event, the

IMPORTANT: If Item 21 is

medicol xomi

	1 -	FOR STATE *= REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	L HYGIEN	B 5 REG. NO	0 :	5	8	U
		CEASED NAME OR PRINT)	FIRST SUS 11		Ruark		Booze	20		DAY - 09	YEAR 1	736	, M
	3. SEX	Female		4. RACE Cau		5. DATE O	DAY YEAR		AGE (IN YEARS LAST BIRT	HDAY) IF UN MONT		IF UNDER 24	MIN.
2	C	RTHPLACE (STATE OR COUNTRY)	nd		S. A.	8 MARRIE WIDOWE	D NEVER MARRIED		Dorche		DEATH		MD.
3	10. CT	Cambridg			OSPITAL, NURSIN		or other institution	12	i usual occupatk iomemakei	ON I WORKING LIFE)	NDUSTRY	BUSINESS	5 OR
2		ALRESIDENCE (IF NUR TATE Md.	13b COUN		GIVE RESIDENCE BEFORE 136 CITY OR TOW  Cambri	N	13d. INSIDE CITY LIMIT		STREET ADDRESS /		216	13	
1	14 FA	THER'S NAME FIRST Tra		E .	Ruark		IS MOTHER'S MAIDEI Lena	NAME	WIDDIE		Park	s	
1	16a W	VAS DECE ASED EVER		MED FORCES? E WAR OR DATES)	214-07-9		17 INFORMANT Phyllis	Ste	Rt.	ope Md.	192 216		
		Conditions, if ony gove rise to imcouse (o), statiunderlying couse	/AS CAUSE IMMEDIAT , which mediate ing the e lost	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)	AS A CONSEQUE	MYOC MELM ENCE OF	wich De	ivfor seas	leir auntier		APPROXIM. BETWEEN ON	ATE INTERVA	ATH
1	CERTIFICATION	PART 2 OTHER SIG	ty per	fense	in		NOT RELATED TO THE	TERMINA	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING	RE FINDING		?
3	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED  21d INJURY OCCUR WHILE AL WORK AL WORK	CAUSE OF DEA	HOUR A./	m. month da m.	AY YEAR 19	216 LOCATION	CCURRED	ENTER NATURE OF INJUR		OR PART 2)	STA	TE
		22a I certify that (I) saw the decease above, (I) (we) (	ed ofive on		8 10		nd that in (my) (our) op DEGREE ATTENDIT PHYSICIA	ING .	ith occurred on the do	F		IGNED	

BP. DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL (SPECIFY) **burial** 2/12/85

THE PHYSICIAN'S MAME LITTE OF PRINTS

231. NAME OF CEMETERY OR CREMATORY Dorchester Mem.Pk

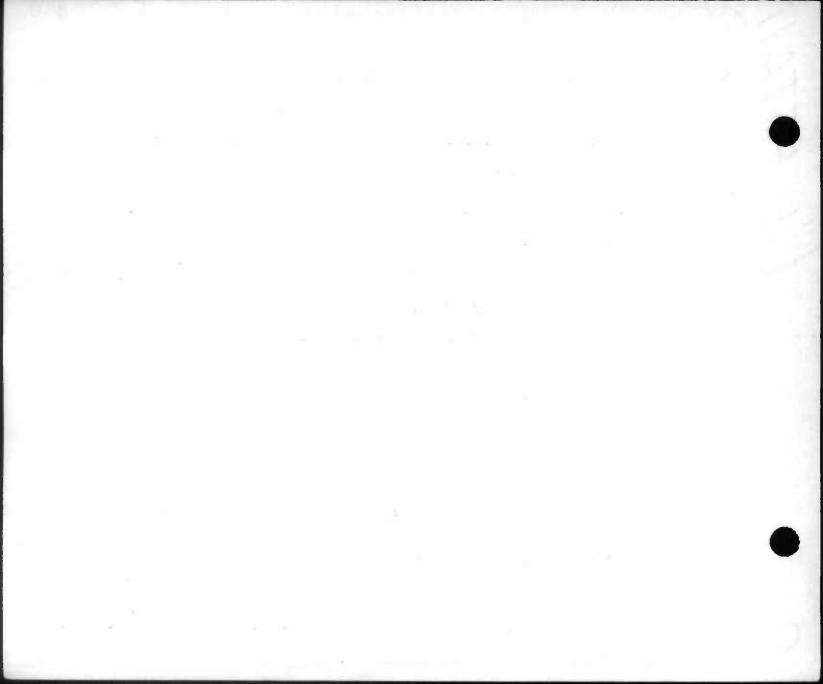
22e ADDRESS

STATE Md.

THOMAS FUNERAL HOME CAMBRIDGE MD.

23b. DATE

Ed LOCATION
CITYOFTOWN
Cambridge Dor. 2000



FOR

- STATE

S. CARLE   DeWitt   Drawle   S. DATE OF BRITH   S		REGISTRAR			CLKIII	ICAIL OI	DEATH	REC	G. NO		
SEX   RACE   Delitt   Drambol   AGE (INTERNICAL SUBJECT FROM MATERIAL SUBJECT SUBJEC			FIRST	MIDDLE	l.	AST		20 DATE OF DEAT	Н монтн	DAY YEAR	26 HOUR
SERI   ACCE   White   State of Parth   White   W	(,,,,	C OR PRINT)	Kermit	- DeWitt	Bi	ample	,		02	16 85	8050
BRITHPLACE (STATE OR FOREIGN   16 CHIZEN OF WHAT COUNTRY)   18 ARREPD   NEVER MARRIED   NEVER	3 SI			4. RACE			VEAD	6 AGE (IN YEARS LA	ST BIRTHDAY)		
No.		male		white	09	21				RS	
MG. U.S.A. WIDOWED DONCRED DONCRED TO MORKED T	7a. E		TE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? B.	NEVER	MARRIED XX				
Cambridge   Definition of Contributing To Death Business   Notice   Search Contributing To Death Business   Notice   Not				U.S.A.				Dorc	neste	r	
USUAL RESIDENCE (IR PAIRSHOCK COLOR PROVIDED PROVIDED FOR ADMISSORY)  IN STATE OF CONTY  IN MODIE  Brainble  IN MODIE  Brainble  IN MODIE  MUTPHY  ADDRESS  ZIP CODE  ANDRE  MUTPHY  ADDRESS  ZIP CODE  ANDRE  MUTPHY  ADDRESS  ZIP CODE  ZIP CO	10 (			11. NAME OF HOSPITAL,	NURSING HOME O	R OTHER INS	NOITUTION	120 USUAL OCCU	PATION OST OF WORKIN	126 KIND	OF BUSINESS
136 STATE   136 COUNTY   136 CITY CHIRS?   136 STATE				<u></u>		l Hos	pital	sale	of se	affood	
George D. Bramble Myrtile Murphy  Murp		STATE	13b COUN	IIY 13t CITY	OR TOWN	134 INSIDE (		13e.STREET ADDR	SS / ZIP	ODE CHI	21611
George D. Bramble Myrtle Murphy    No.   Secretary   S	14. F			MIDDLE	LAST				N.F.		461
Text of the properties   (18 YES, CONTINUE ORDATES)   219-12-6945   Jennie R. Jones Bishops Head Mc				D. Bran	ble	My	rtle	MIDE	TE.	Murph	ìу
18. CAUSE OF DEATH (Enter only one couse per line for 10.1.4), and (c.1)   PART 1. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)						1					
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG  198 DATE OF OPERATION  198 CONDITION FOR WHICH OPERATION WAS PERFORMED  218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (BETHER NOTIFY ALDICAL EXAMINER)  216 INJURY OCCURRED  216 PLACE OF INJURY (AT HOME STREET, ACTORY, OFFICE JARM, ETC.)  217 LOCATION  218 LOCATION 219 TO THE NOTION  COUNTY  219 TO THE NOTION  COUNTY  220 ADDRESS  AT FC  221 ADDRESS  AT FC  222 ADDRESS  AT FC  223 BURIAL, CREMATION, REMOVAL 1236 DATE  233 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 234 DOCATION 235 BURIAL, CREMATION, REMOVAL 1236 DATE  236 BURIAL, CREMATION, REMOVAL 1236 DATE  237 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 238 BURIAL, CREMATION, REMOVAL 1236 DATE  238 BURIAL, CREMATION, REMOVAL 1236 DATE  238 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 238 DATE 1238 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 238 DATE 1238 NAME OF CEMETERY OR CREMATORY 1236 LOCATION 239 DATE 1238 DATE  230 BURIAL, CREMATION, REMOVAL 1236 DATE  230 BURIAL, CREMATION, REMOVAL 1236 DATE		YES, NO DRUNKNOW	(IF YES, GID	W 2 219-	-12-6945	Jen	nie R.	Jones	Bish	ops Hea	ad Md.
PART I. DEATH WAS CAUSE OB:  IMMEDIATE CAUSE OB.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (ob. storing the underlying couse last)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  180 DATE OF OPERATION  180 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY? 210 AUTOPSY? 210 AUTOPSY? 210 BUFYES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19  211 ENJURY OCCURRED 212 PLACE OF INJURY (AT HOME STREET, PACTORY, OFFICE JARM, ETC.)  213 AUGAR 214 CHITTY ON TOWN  215 CHITTY ON TOWN  216 CONTRIBUTING 217 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR AT WORK 218 INJURY OCCURRED 219 AUTOPSY? 210 INJURY OCCURRED 210 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR AT WORK 217 INJURY OCCURRED 218 PLACE OF INJURY (AT HOME STREET, PACTORY, OFFICE JARM, ETC.) 219 TO THE MISS DATE 210 AUTOPSY? 210 INJURY OCCURRED 211 CONTRIBUTION 212 COUNTY 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 219 TOWN TOWN 219 TOWN TOWN 210 TOWN TOWN 210 TOWN TOWN 210 TOWN TOWN 211 INJURY OCCURRED 212 INJURY OCCURRED 213 INJURY OCCURRED 214 INJURY OCCURRED 215 INJURY OCCURRED 216 INJURY OCCURRED 217 INJURY OCCURRED 218 INJURY OCCURRED 218 INJURY OCCURRED 219 TOWN TOWN 210 T	Τ	18. CAUSE OF I	DEATH (Enter on	ly one couse per line for to	), A , and (c).)	1 -	4.4	-		APPRO	XIMATE INTERVAL
Conditions, if ony, which gove rise to immediate couse (o), storing the underlying cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY?  210 AUTOPSY?  210 AUTOPSY?  210 AUTOPSY?  210 EVERT HYDING SUSED IN CERTIFYING CAUSES OF DEATH ON CERTIFYING CAUSES OF DEATH ON CONTRIBUTING CAUSES OF DEATH ON CONTRIBUTING CAUSES OF DEATH ON CONTRIBUTING CAUSE OF DEATH ON CONTRIBUTION C		PART I. DEA	TH WAS CAUSE	D BY:	A cin	le	101	1		2	-ola
Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1:0  PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN			iiviivie D iivi	_	NSEQUENCE OF	1				0	
COUSE (a), storing the underlying cause last (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to  196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 700 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 100 IN CERTIFYING CAUSES OF DEAT				( ıb)		43	WD			10	U- Y-
196 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   206 AUTOPSY?   206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES   NO   YES		couse (o),	stoting the	DUE TO, OR AS A CO	INSEQUENCE OF						
OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 Certify that (1) (this hospital) ottended the deceased from	z	PART 2. OTHER	SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN PART 1	IG
OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 Certify that (1) (this hospital) ottended the deceased from	ATK	190 DATE OF O	PERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?			
OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 Certify that (1) (this hospital) ottended the deceased from	元							YES TO NO			S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE AT WORK AT WORK  220.1 Certify that (1) (this hospital) ottended the deceased from	1	210 ACCIDENT W	AS UNDERLYING			21c HOW II	NJURY OCCURR	, ,		(18 PART   OR PART 2)	
220. I certify that (I) (this hospital) attended the deceased from				CIH .							
220. I certify that (I) (this hospital) attended the deceased from	岩					21f LOCAT	ION			50000	STATE
27a. I certify that (I) (this hospital) attended the deceased from	×	WHILE A	OT WHILE	(AT HOME STREET, FACTORY	OFFICE FARM ETC )	STREE	ET	CITA	OK IOWN	COUNTY	STATE
sow the deceased alive on obove, (1) (we) (did) (did not) view the body ofter death.    19				tal) attended the decease	d from						. That (I) (we)
27% SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYS	ı	sow the de	eceosed olive on		19			eoth occurred on t	he dote and		
PHYSICIAN DIRECTOR PHYSICIAN DIR	1			t) view the body offer deof		DEGREE				22c DAT	SIGNED
22d. PHYSICIAN'S NAME (TYPE ORPRINT)  W-S-S WARFC WD. 16 S Delive S  23e. BURIAL, CREMATION, REMOVAL 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION  23d. DATE		1 4	000	00-11						121	12/0
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION	1	22d. PHYSICIAN	I'S NAME (TYPE C	OR PRINT)	Δ	22e ADDRE		4		0.4	CA
			M	5-5 121	THE	WA	16	Jaur	06	St-Ca	must U
(SPECH)  2/19/85 Dorchester Mem Pk Cambridge Dor	230	BURIAL, CREMAT	ION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR	CREMATORY			0	163
DULTAL STATE STATE OF THE PARTY		buria.		2/19/85				Camb	ridae	Dor.	Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

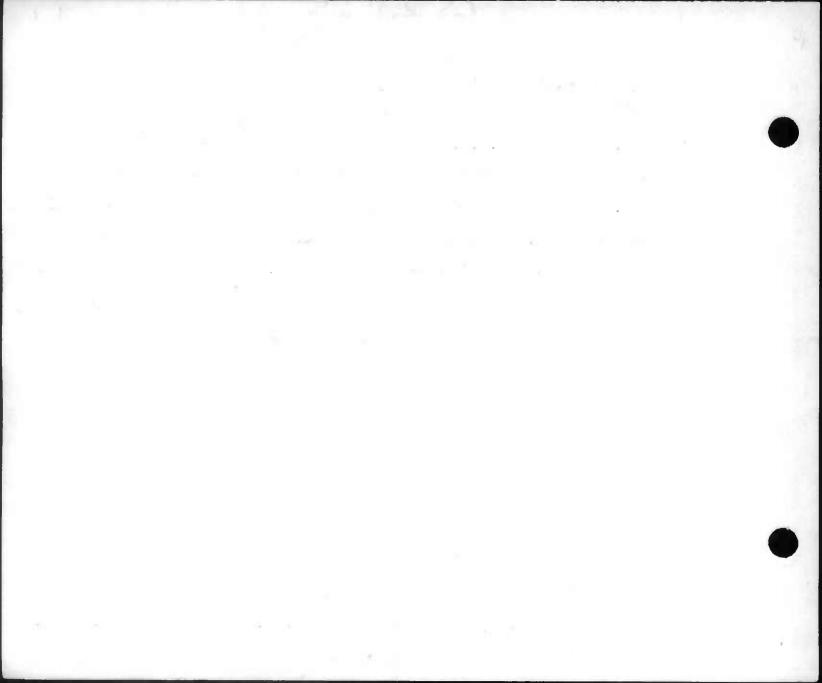
burial 2/19/85 Dorchester Mem.Pk. 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

12b KIND OF BUSINESS OR

IF UNDER 24 HRS

DHMH - 16 50M 4/83 (VRA 15, 4)



	Poge
	deoth
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.
DIVISION OF VITAL	TO HOSPITAL OR ATTENDING PHYSICIAN: The resouned by the hospital or attending physician.

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	ITH DAY YEAR 26 HC
	Edu	CATHERINE	Brutten	213185	1
3. 5	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER LYEAR IF UND
	4	W	10 28 13	71	YRS
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
2	BIRTHPLACE (STATE OR FOREIGN	Dorchentorol	WIDOWED DIVORCED	Dara	hester
3 C	embrule m.d	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION ET ADDRESS)  Derival Hory	120 USUAL OCCUPATION USUAL OCCUPATION NORK FOR MOST OF WO homema	RKING I IFET INDUSTRY
US 130		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		2 136 STREET ADDRESS / ZIF	copie 2
14.	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
	Charles Go	ldsborough Lec	onard Rose		Cannon
160	WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS	
	(YES, NOOR UNKNOWN) (IF YES, C	216-18-	-2294 William	R. Bratten	Item # 13
	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSECT	MENCE OF MOCCIFCLIAN IN	lacter	
				reflects  RMINAL DISEASE OR CONDITION  RMINAL	ON GIVEN IN PART 1 o
Z		- The Ch	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE
TIFICATION	190 DATE OF OPERATION			YES NO	YES NO
CERTIFICATION		LIGUE AND MONITH S		YES NO URRED (ENTER NATURE OF INJURY IN	
07		EATH HOUR A.M. MONTH E			
MEDICAL CERTIFICATION		EATH HOUR A.M. MONTH E	DAY YEAR 19 211 LOCATION		
07	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK	HOUR A.M. MONTH E	DAY YEAR  19  211 LOCATION STREET	URRED (ENTER NATURE OF INJURY IN	TEM 18 PART I OR PART 2)
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07	OR CONTRIBUTING CAUSE OF D  (# EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  AT WORK ALWORK  22d I certify that (1) this has sow the deceal of the control of the cont	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE pital) attended the deceased from 32 - 13 19 not) view the bady after death.	DAY YEAR  19 211 LOCATION STREET  and that in my) our) opin  DEGREE	URRED (ENTER NATURE OF INJURY IN  CITY OR TOWN  an death occurred an the date of	COUNTY  COUNTY  The desired of the couses of the couse of the couses of the couse of
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DHMH - 16 50M 4/83 (VRA 15, 4)

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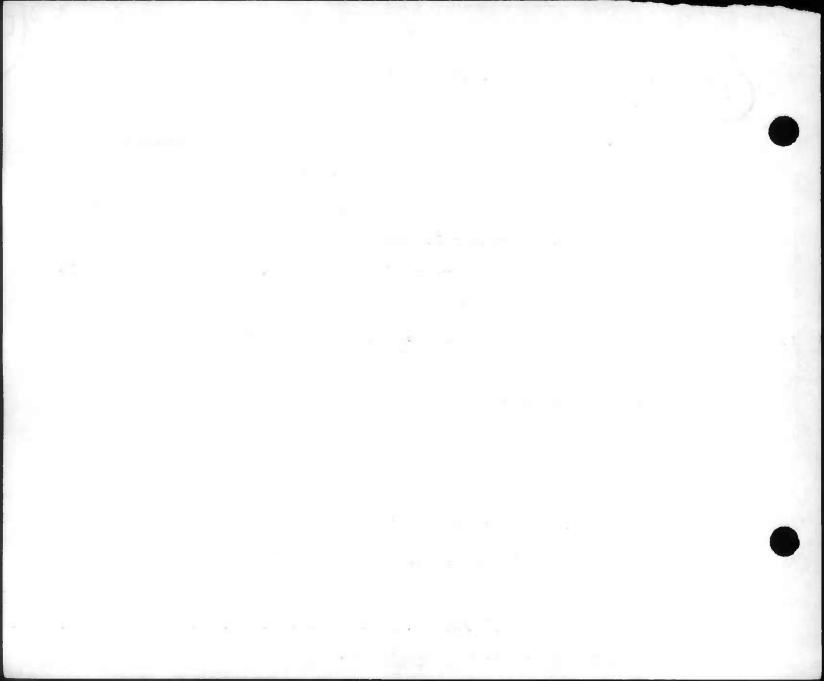
THOMAS FUNERAL HOME CAMBRIDGE MD.

NEW MARKET DOR.

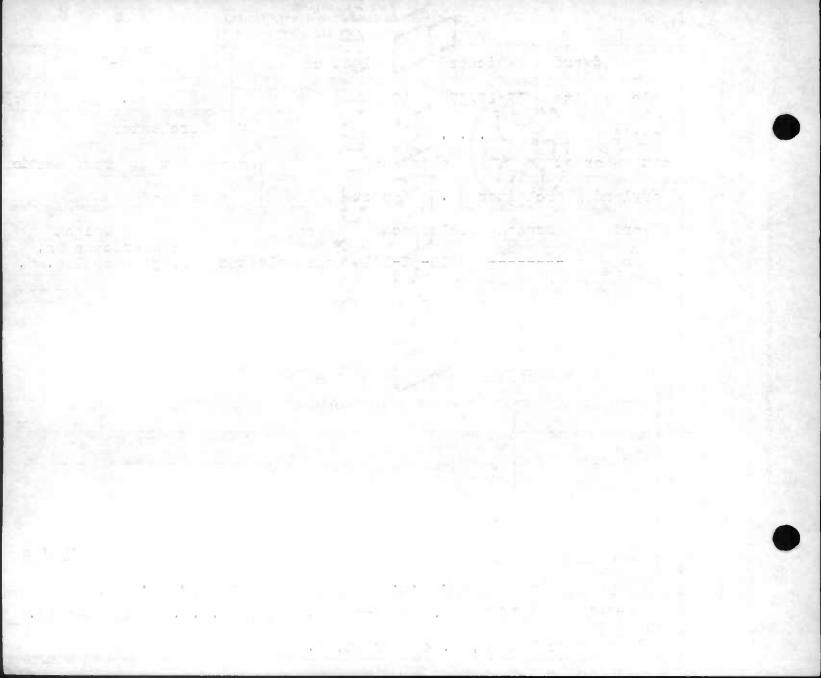
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FEB 2 1 1985 Junia Davidson Roden.

2000



STATE OF MARYLAND



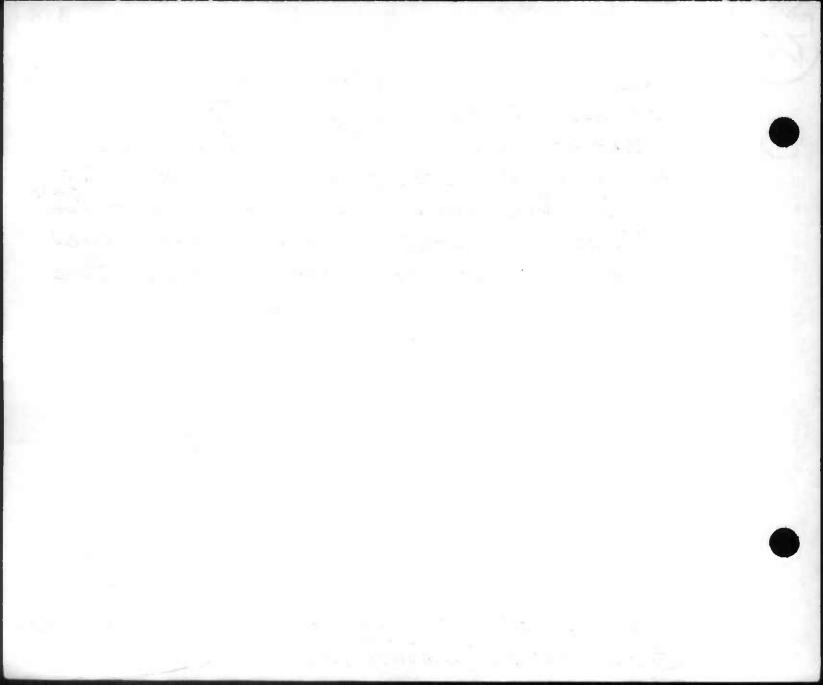
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STATE OF MARYLAND

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1 - STATE REGISTRAR		DEPART		ALTH AND MENTAL HY	REG. NO	0.	
1. DECEASED NAME	FIRST	LAWS	4	IXON	20 DATE OF DEATH	5	YEAR 26 HOUR
FEMAL	A. RACE	ACK	5. DATE OF	BIRTH 1903	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNE MONTH:	DER LYEAR IF UNDER 2 S DAYS HOUNS
E. BIRTHPLACE (STATE O	RFOREIGN 7b. CITIZEN	SA	MARRIED WIDOWED		9 BALTIMORE CITY O	HESTE	R
PAMBRIS	(IF NOT I	OF HOSPITAL, NURSII NSUCH FACILITY, GIVE STREE ORCHESTE	TADDRESS)	TENERAL	120 USUAL OCCUPATI	F WORKING LIFE) IN	KET,
USUAL RESIDENCE IN NU	RSING HOME OR OTHER INSTITUTION TO REPORT TO R	130 CITY OR TOV	SI DOE	13d. INSIDE CITY LIMITS? YES NO []	13e STREET ADDRESS /	ZIP CODE RMOUNT	T AVE
JAME		LAu	15	S. MOTHER'S MAIDEN N.  SARA	4 HA	N	DIXON
(YES, NO OB UTKNOWN)	R IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE		URITY NO.	BEATR	ICE JOHN		SAME
IB CAUSE OF DEA	TH (Enter only one cause WAS CAUSED BY: IMMEDIATE CAUSE (c	(000,00	Miles	Heart Fo	ulene		APPROXIMATE INTERV BETWEEN ONSET AND D
Canditions, if an gave rise to in cause (a), stat underlying caus	y, which (b) nmediate (b) ing the DUE TO	D, ORAS A CONSEDU S) NEW LE D, OR AS A EONSEQUE	, Class	o Gufeeh	n of Orbal	cyz	
PART 2 OTHER SK	GNIFICANT CONDITION	S CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	winal disease or con	DITION GIVEN IN	PART Ita
190 DATE OF OPER	ATION 196 CC	ONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH NO
OR CONTRIBUTING	CAUSE OF DEATH HOUR	AE OF INJURY R. A.M. MONTH D P.M.	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF ANDUI	RY IN ITEM IS PART 1 O	R PARI 2}
21d INJURY OCCU	/AT HOM	ACE OF INJURY		211 LOCATION STREET	CITY OR TO	wn c	OUNTY ST.
saw the deced	l) (this haspital) attende ised alive an (did) (did not) view the b	2/1) 19	85 , and	that in (my) (aur) apiniar	death accurred an the do	2/// 19 8 ate and have and	that (I) (w
226 SIGNATURE	meh	lars			MEDICAL STAI	FF	2/18/8
VINOOR	NAME (TYPE OR PRINT)  H WEH	TA		220 ADDRESS 400 AU	RORA 87	Com	malge
236 BURIAL, CREMATION		13/85		METERY OR CREMATORY  AUGH	23d LOCATION CITY OF TOWN	68E 2	OR. N
THE ELINEBAL DIRECTOR	- / / / /				TE REC'D. BY REGISTRAR		

DHMH - 16 50M 4/83 (VRA 15, 4)



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director. Is should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene priarta byrial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar ather traumatic event, the medical

deoth. Poge 4 may be

requires that the death certificate be executed within 24 haurs after

OR ATTENDING PHYSICIAN. The low

TO HOSPITAL

BP.

etained by the haspital or attending physicion.

FOR STATE

## STATE OF MARYLAND

PEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	ENE O	2		J		
CERTIFICATE OF SCATE		REG. NO.				
LAST	20 DATE OF	DEATH	MONTH	DA		

	REGISTRAR		CERT	IIICATE OF DEATH	REG. NO.	
	OR PRINT)		AIDDLE CONTRACTOR	LAST	A DAIL OF DEATH	YEAR 26 HOUR
	110m	an	F1 001	ullan	04	1383 2 pm
3. SE	X	4. RACE		E OF BIRTH INTH DAY YEAR		IF UNDER LYEAR IF UNDER 24 HRS.
		RL	ACK -	7 10 06	7 8 YRS.	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Ea	st New Market,		S.A. WIDO	WED DIVORCED	Dorchester	MD.
	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOM		128 USUAL OCCUPATION  LITTE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
	ambridge		ster General		Food Processing	Canning Co.
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	Rt. 2, Box 105	01643
		chester	Hurlock	YES NO		- Kallroad Ave.
14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ANIDDI F	LAST
	Raymond Thomps	son		Bertha Dutt		
	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECURITY NO		ADDRESS	11768
(	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	214-03-6224	Frances Whit	te, 43 Cove Rd., 1	Northport, N.Y.
	18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSI	ED BY	NANITION			WEEKS
	IMMEDIA		R AS A CONSEQUENCE OF			
	Conditions, if ony, which			CELL CA OF BO	WEL T PERFURATE	1-20-85
	gave rise to immediate	,				
1	couse (a), stating the underlying cause last		RAS A CONSEQUENCE OF	CRIMARY UWINGS	10/	UNKNOWW
	PART 2 OTHER SIGNIFICANT					
Z	OUEF VEIN	HROM So.	15, LEFT LE	C, QUADRAPARI	AINAL DISEASE OR CONDITION GIVE	- MYOPHTHY
Į Į	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERA	TION WAS PERFORMED		, WERE FINDINGS USED
CERTIFICATION	1-22-85	13000	UL PERFORATIO	N E PERITONITI	YES NO YES	YING CAUSES OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING	THOUGH A	FINJURY M. MONTH DAY YE		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
¥	OR CONTRIBUTING CAUSE OF DE	AIR		9		
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ž	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY, OFFICE, FARM ETC	SIMEE	CHIONIOW	
	220   certify that (1) this hose	oitol) attended th	e deceosed from	1-21 19 85	to	19 85 tho (Diwe) lost
	sow the deceased alive a	n	2-13 1985	and that in (our) opinion	death accurred on the date and hour	and from the couses stated
1	226. SIGNATURE	of) view the body	offer deofn.	DEGREE		22c. DATE SIGNED
	Jama F.	Min	*	ATTENDING PHYSICIAN [	MEDICAL STAFF	
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS 400	AURORA STREE	VT.
	JAMES F. P	1= CARTE	TR, MD.	,		2/6/3
230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME C	F CEMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY) Burial	Feb.18	1085 East	North Market Cem	E. New Market.	Dorchester Md.
24 F	UNERAL DIRECTOR	ILAD TO	11403   -430	New Market 250 DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
1	NAME	1. R	ADDRESS ADDRESS	1 3 FEB 2	2 1986 Sus Thinks	Durlane.
LY	Aprolim - Her	yours H	My J rangu	myle	The property	13 La 14 La

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

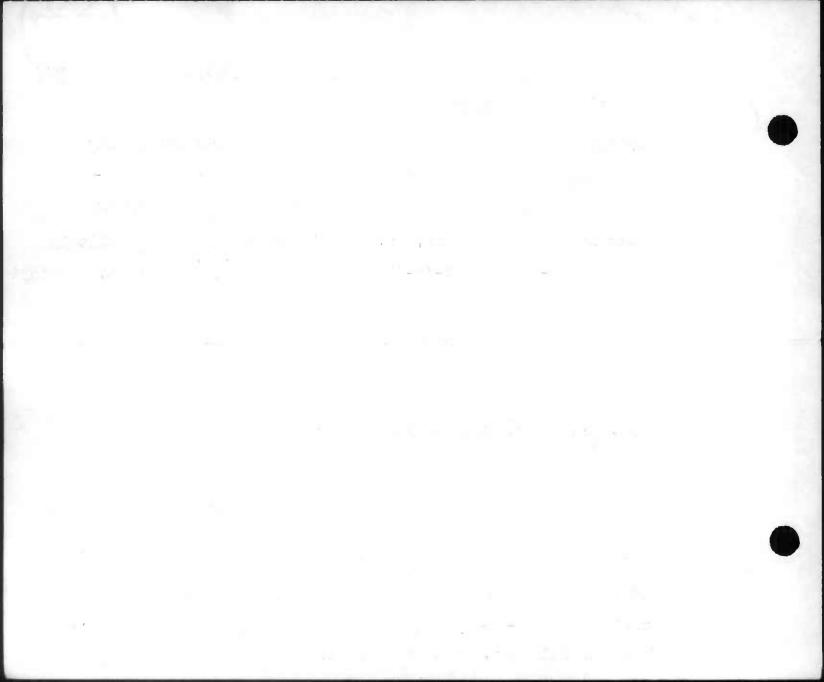
and the same of th

TO HOSPITAL OR ATTENDING PRYSELIAM. The low requires that the death certificate be executed within 24 highly after related by the hospital or attending physician.

3	1.	FOR STATE REGISTRAR			DEPARTMI	ENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYGI		. NO.	) 5	8 0
8		ORPRINT	home	MIDDLE	· .		Fra		20. DATE OF DEAT		DAY YEAR	26. HOUR
\	3 SE		4 RAC			5. DATE O		YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN,
135		RTHPLACE (STATE OR FORE	IGN 76 CIT	USA		MARRIED WIDOWEI	NEVER MAR	RIEDXIX	9 BALTIMORE CIT		County	M
1		ir or town of DEATH	100	FNOT IN SUCH FACILITY,	GIVE STREET A		1 11	TION	120 USUAL OCCUP (TYPE OF WORK FOR MY DISab.	ST OF WORKING		OF BUSINESS OF
86	13e. S		OYCLE	13c CIT	PENCE BEFORE A Y OR TOWN + N W			0 🕅		SS / ZIP CO	21631	1
	14 F/	Joseph	WIDDLE	]	era,	Sr.	15 MOTHER'S M E1	izabe	th			tely
medico		VAS DECEASED EVER IN YES, NO OR UNKNOWN) {	U.S. ARMED F IF YES, GIVE WAR (	OR DATES)	CIAL SECUR 1-12-		Georg	e Era	Rt. 1% East N	orBox ew Ma	rket,	
iotic event, th		18 CAUSE OF DEATH ( PART I. DEATH WAS	MEDIATE CAL	USE (O) MET	ASTA	TCE OF	CARCINI			omaei	+ WE	CONSET AND DEATH
ury, or other trour	z	Conditions, if ony, w gove rise to immed couse (o), stoting underlying cause	liote the last	OUE TO, OR AS A C	ONSEQUEN	NCE OF			NAL DISEASE OR C	ONDITION (		EFILS
2	CERTIFICATION	190 DATE OF OPERATIO		96 CONDITION FO			TOM ACH		200 AUTOPSY?		YES, WERE FINDI TIFYING CAUSES YES [	
9	MEDICAL CER	21a ACCIDENT WAS UNDERI OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH EXAMINER)	16. TIME OF INJUR HOUR A.M., MC P.M.	ONTH DAY	YEAR		RY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM T	8 PART I OR PART 2)	
opeano	MED	21d INJURY OCCURRED	1	Te PLACE OF INJU AT HOME STREET, FACTO	RY ORY OFFICE, FAI	RM, ETC )	21f LOCATION STREET	01	CITY	RIOWN	COUNTY	STATE
E		sow the deceased obove, (1) (ve) (did	alive on	2 18	19 €		d that in (my) (o	r) opinion d	eoth occurred on the	e date and h		
TZ ±		226 SIGNATURE	BC	Low	ali	W	DEGREE ATTE	ENDING YSICIAN	MEDICAL DIRECTOR PH	STAFF (SICIAN ]	2/10	7/85
IMPORTANT: #		DAVIDE	STO		W		400/	FROR	in St C	AMBR	1066,1	no 2161
-1 -	В	BURIAL, CREMATION, RE.  (SPECIFY)  UP1a1  UNERAL DIRECTOR		DATE 2-25		Lady	EMETERY OR CRE	MATORY			, Dorch	
4/83		eller Fune	ral H	ome, Ea	ST NE	w Ma	arket,	MDYS	1 1 1935	. Z30. KEG	ISTRAKSSIGNA	TORE

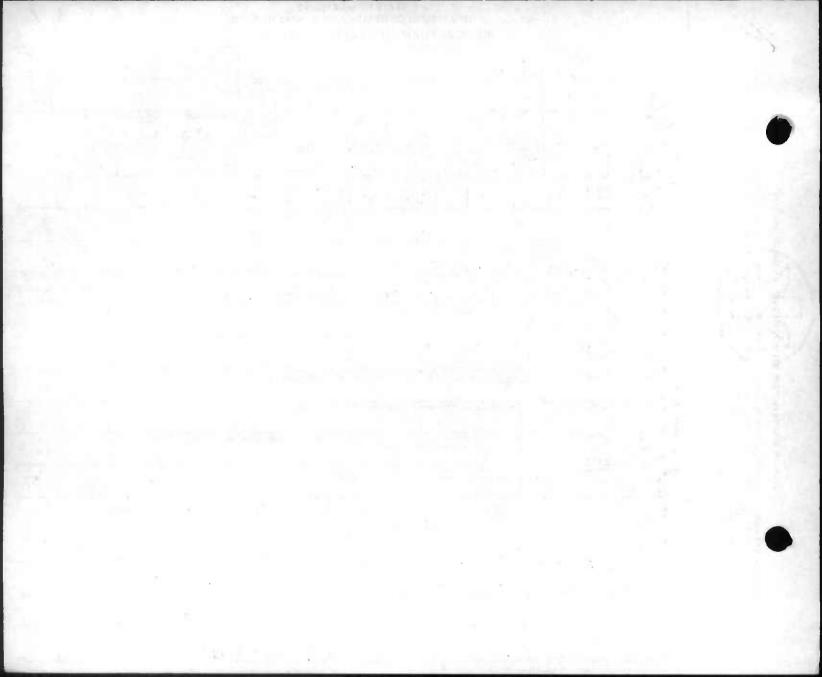
DHMH - 16 50M 4/ (VRA 15, 4)

BP.



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORDS "PENDING" IN PERM. II M. 18. GAVE PAGES 1, 2, AND 31 OT THE FUNKEAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNKEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH HYGIENE, DIVISION OF WITH RECORDS, 301 W. PRESTON STREET, AND MANY AND 31201 BEDGE TO HIGH AND PERMITAL HYGIENE, DIVISION OF WITH RECORDS, 301 W. PRESTON STREET, AND MANY AND 31201 BEDGE TO HIGH AND PREMATIVE THE PERMITAL HYGIENE, DIVISION OF WITH RECORDS, 301 W. PRESTON STREET, DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201

		FOR		TATE OF MARYLAND OF HEALTH AND MENTAL HY	CIENE S O S	187
2	11-3	STATE REGISTRAR	MEDICAL EXAM			
	1. DEC	CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN ANTH	DAY YEAR 76 HOUR
SE SS. ET,	(TYP)	Ruc Ruc	lolph V	HALL	OF ESTI-	4 1,85 25 4
PLEAS RECTOR R FILES HOUR STREET	3. SEX	00 .	5. DATÉ OF BIRTH 6. AGE ( MONTH DAY YEAR LAST BI		4 HRS. 2c. DATE MONTH MIN PRONOUNCED	DAY YEAR 2d. HOUR
		Mak Black	5 30 24 60	YRS.	DEAD 2	4 1085 DEM
UNERAL DIII FOR YOU WITHIN 72	7a. 81	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIE	= N ~ N C 1 6	TY OF DEATH
7700	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	WIDOWED DIVORCED	128 USUAL OCCUPATION (TYPE OF WORK	12b KIND OF BUSINESS
PAGE PIED.	C	ambridge	ORCHESTER G	EN. Hospital	FOR MOST OF WORKING LIFE)	OR INDUSTRY
ANY DE AND 3 THE PRINT DE CORD BECORD	USUA 13a. S		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE AD.  Y  13c. CITY OR TOW  CAMBE	IN . 13d. NUSIDE CITY LIMITS?	515 HIGH ST	013
TH. IF AI 1, 2, AN 3. RE 2 SHO 17 SHO	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		1457 1
A WASTA	i.	FIRST ): Ilie	14 a /1	1-12 V - 2	tta We	odlland
Z O Z	16a. V	AS DECEASED EVER IN U.S. ARA	NED FORCES? 166 SOCIAL SECT	JRITY NO. 17. INFORMANT	ADDRESS	1
SGHZA	10	143-1946 yas w	1-HW-IF 216-18-	2509 Many A	NN Johnson In	incess Aury Nd
HOURS 18. G WIT. PA AIT. PA E, DIVI		<ol> <li>CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED</li> </ol>	y ane cause per line far (a), (b), and (c). BY:	tuise Deces	BURNS ENTIRE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24 H ITEM ITEM ITEM ITEM SIEN	100	IMMEDIAT	E CAUSE (a) SECOND 7		1301121 22111	Ten Join
L IN VSIT		Canditians, if any, which				
ENCIL I	-	gave rise to immediate cause (a) stating the <u>under-</u>	(b) DUE TO, OR AS A CONSEQUEN	CE OF		
OR RIAL	13	lying cause last.	(c)			
"PENDING" "PENDING" "PENDING" EF MEDICAL SED AS A BU HEALTH ANI CREMATION	z	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (0),	
PENIE	ATIO	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20 AUTOPSY?
0 - = 0/11	TERC					YES NO
THE WORD THE WORD TO THE CH HOULD BE U ARTMENT OF R TO BURIAL	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y	/EAR	(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	RT 2)
CER ITINO DED DED DEP DEP PRIO	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)		CITY OR TOWN COI	DUNTY STATE
E, WR RWAR PAGE STATE					7 . 7	
INER ICAT TOR: NO., VE			e af the remains described abave, held of all causes , Accident ,	Suicide , Hamicide ,	Undetermined manner .	pinion
EXAMINE CERTIFICA ULD BE FO DIRECTOR WITH THE ARYLAND		death resolled from: [40]	Accident A.,	TITLE (SPECIFY)	Onderermined mainter	1 100
THOUSE X		ACTUAL SIGNATURE	mmare &	M.D. Okning	MEDICAL EXAMINER SIGNE	2/4/15
MEDICA CUTE THE SE 4 SH FUNER.		EXAMINER'S NAME 104	WALE IS		1210	7.7
TO MEDICA EXECUTE TH PAGE 4 SH TO FUNER AFTER DEAT BALTIMORE,		(TYPE OR PRINT)	N MACEJR.	ADDRESS_ CA /	MBRIDGE FIU.	
77778	23a. 8	JRIAL, CREMATION, REMOVAL 2	Bb. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	NTY STATE
BP	24. FI	DA COLOR	7 (10) V.H.	250. DATE RE	EC'D. BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
DHMH - 17 (VR A15 ME (5)) 30M 7/73	5	TE Wa-T Fare	ADDRESS Sale	sbu- VM EED	1 5 mor la K	<b>S</b>
-5 /// 0	-		7.00	Z. 2 391	- STAR WALLE	A



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. P

retained by the hospital or attending physician.

BP.

## STATE OF MARYLAND

l	FOR STATE REGISTRAR	D	CERTIFICATE OF DEAT		
	DECEASED NAME FIRST J  VPE OR PRINT)  TO SE	OSEPH MDDLE ST	TERLING "ST HANDL	TA BATE OF BEATH	ONTH DAY YEAR 26. HOUR 5
1	EX.	4. RACE	1 0000	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Dor. Co Md.	76 CITIZEN OF WHAT CO		IED 9 BALTIMORE CITY OR	COUNTY OF DEATH  ESTER MD.
10	CITY OR TOWN OF DEATH Cambridge	11. NAME OF HOSPITAL,	, NURSING HOME OR OTHER INSTITUT		N 12b. KIND OF BUSINESS OR
U:	SUAL RESIDENCE (IF NURSING HOME O STATE  135 COU  136 COU	NTY 13c. CITY	OR TOWN 13d INSIDE CITY LI	□ 304 Glenbu	ZIP CODE
14.	FATHER'S NAME JAMES	P. HAI	NDLEY SARA	MIDDLE	SEWÄRD
160	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOC IVE WAR OR DATES) 218	N TC	daughter) ADDRESS Virginia Matth	Cambridge Ave Lews, 18 Bellevue
20		DUE TO, OR AS A CO	ONSEQUENCE OF	THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 110
CEPTIFICATION	190 DATE OF OPERATION		R WHICH OPERATION WAS PERFORMED	YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)
MEDICAL CE	OR COLUMN THE CALLET OF DE	HOUR A.M. MON	NTH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART   OR PART 7)
AAET	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR		CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hasp saw the deceased alive a		19, and that in (my) (our)	opinion death occurred on the date	, 19, that (1) (we) lost e and hour and from the causes stated
	20. West	Lem	PHYS	NDING MEDICAL STAFF	
	H. Ver	Reynold	SMD TOS	Byrn St. (	Imbridge Md.
23	BURIAL, CREMATION, REMOVA (SPECIFY) burial	1 236. DATE 3/1/85	Dancheston Mem	CITY OR TOWN	orchester. Md.

250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE

1985

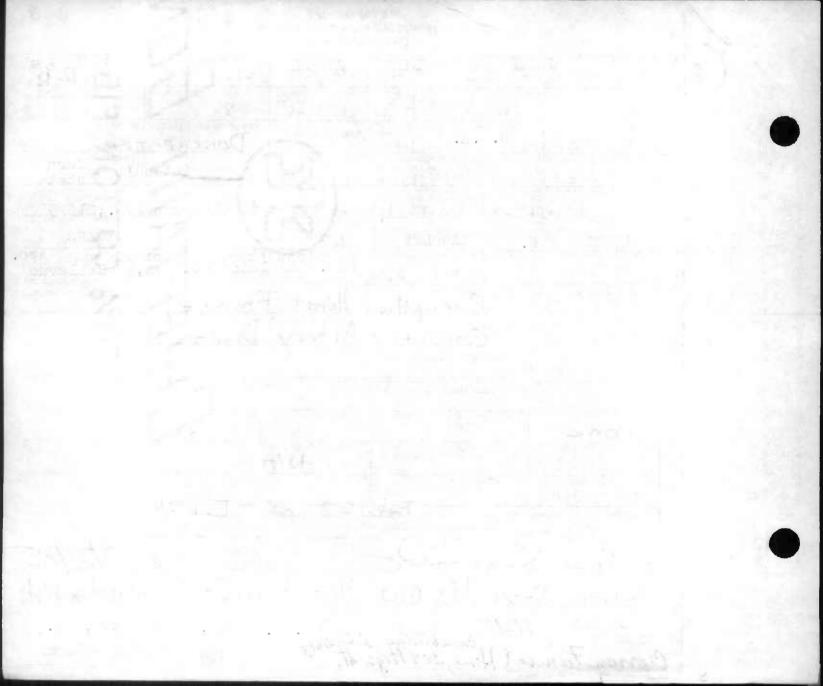
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
CULTUM

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the bunal-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

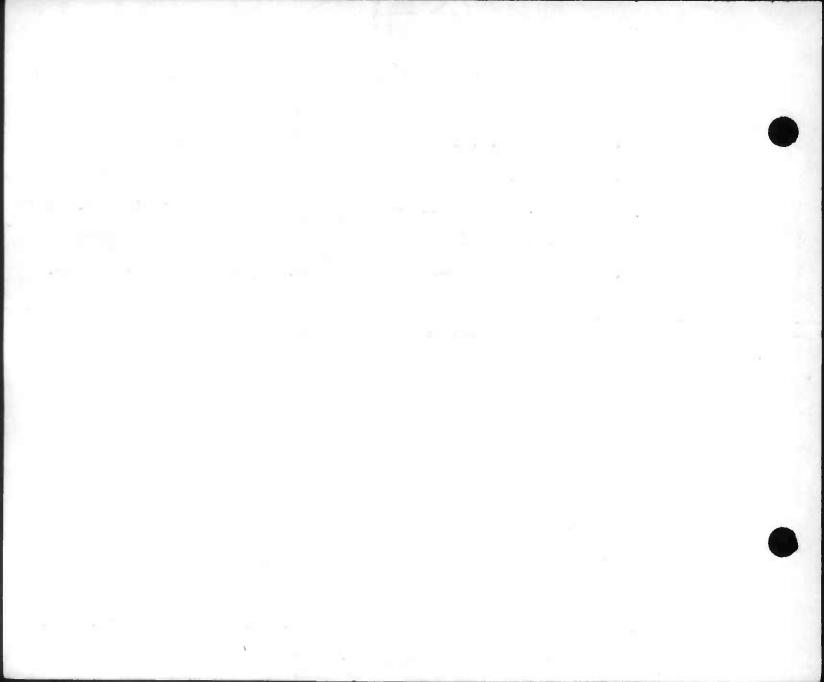
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	10-	4	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	REG. N			
2/3	1			EASED NAME PIRST OR PRINT)	h Log	7/	ubbard	20. DATE OF DEATH		S SS	26. HOUR.
1			3. SEX	m	4. RACE	5. DATE C	DF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
eoth. Pag	n 72 hou	7	C	RTHPLACE (STATE OR FOREIGN OUNTRY) NEW JERSEY	76. CITIZEN OF WHAT COUNTRY	**The CITIZEN OF WHAT COUNTRY? B MARRIED TO NEVER MARRIED WIDOWED DIVORCED WIDOWED DIVORCED			R COUNTY	OF DEATH	MD.
s ofter d	iled with	3		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI DORCHESTER G			12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON IF WORKING LIFE		ina
filled in	ould be f	6	130 S	RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY DORG	OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY CHESTER CAMBR		13d INSIDE CITY LIMITS? YES Y NO []	13e STREET ADDRESS	ZIP CODE	216 St.	-
ed withir	ond 2 sh	N		THER'S NAME	ĈEE HÜBB	ARD	15. MOTHER'S MAIDEN NAM	ME		JACK	SON
e execut	Poges 1	/			MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 143-1		Mrs. Gerti	ude L. Hu	ss bbar	d,same	as 13e
rtificate b	emovol.			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily one cause per line for (a), (b), o D BY: TE CAUSE (o)	nd (c)	murany a	crest		BETWEEN C	MATE INTERVAL ONSET AND DEATH
he deoth ce	motion, or r			Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	obst	notive lung.	disease		yea	ıs
ires that t	buriol, cre		7	underlying couse lost	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART 110	D.
on.	n permit. The ene prior to ows ony inju	2	CERTIFICATION	MISSIVE UI	GT bleed 196. CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	
g physicia	iol-tronsit antol Hygie tem 18 she	4	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	RY IN ITEM 18 PA	ART T OR PART 2)	
offendin	s the burner of the dor the do	/	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC )	211. LOCATION STREET	CITY OF TO	wn	COUNTY	STATE
spitol or	of Healt			sow the deceased alive on	ottended the deceosed from  02-65  19  it) view the bady after death.	C	nd that in (my) (our) opinion	deoth occurred on the d	,		that (1) (we) last couses stated
ral OR y y the ho	Stote Dept ANT: If then			CR Gold	mm		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	TAN	62 ~ (	SIGNED
HOSPI Proined b	h the			22d PHYSICIAN'S NAME (TYPE O	L. Galan, m	0	Orchoster	general	(tosa	Can	bina
BP_	- 10 3 ≤		23a. B	URIAL, CREMATION, REMOVAL SPECIFY) burial	236. DATE 5-8-85 E.	name of cast N	emetery or crematory lew Market C				
HMH - 16	50M 4/8	3	24. FU	INERAL DIRECTOR Cur	ran Funeral H	ome.	21613 250. DAT	TE REC'D. BY REGISTRAR	9 .	RAR'S SIGNAT	URE

STATE OF MARYLAND

TREASED NAME    FACE   SO DICE OF BRITH   SACE   SO DICE OF BRITH   SACE   SO DICE FOR BRITH   SACE   SACE   SO DICE FOR BRITH   SACE   SA	5		1.	FOR - STATE REGISTRAR	DEF	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		U	> 1	9 0
TIMES BIWOOD HUGHES TO BETT THE PROPRESS OF THE PROPERTY OF TH	/		1 DE		MIDDLE	i	AST			YEAR 2	b. HOUR
The BRITHPLACE (1) ALLE OF ORDER OF WHAT COUNTRY 1 AND CORD 1 AND COUNTRY 1 AND COUNTRY 1 AND CORD 1 AND COUNTRY 1 AND COU	3 55		TYP	JAMES	Elwood	Hugh	25		2 12	85 4	+ 25 AM
The Bitthfunk Eight Each of Superior of Su	1 87	\	3. SE					6. AGE (IN YEARS LAST BIR			
B. CITY OR TOWN OF DEATH   1. NAME OF HOSPITAL, NURSHOR HOME OR OTHER HISTIDIUM   125 USALO OCCUPATION   175 USA	3 36	)		male	white	1		74	YRS		
MG. U.S.A. WIDOWED DOPORTO DOP	2 37	MAC		COUNTRY		MARRIE	NEVER MARRIED			DEATH	
Cambridge Dorchester General Hosp. Clerk  Dorchester General Hosp. Clerk  Nardware Nardware Nardware Nardware Admission of Control Provided Page 18 STREET ADDRESS / ZIP CODE 922 Washington St. 216:  18 STREET ADDRESS / ZIP CODE 922 Washington St. 216:  18 STREET ADDRESS / ZIP CODE 922 Washington St. 216:  18 STREET ADDRESS / ZIP CODE 922 Washington St. 216:  18 STREET ADDRESS / ZIP CODE 922 Washington St. 216:  18 WAS DECEASED EVER IN U.S. SARAED FORCES?   Na SOCIAL SECURITY NO.   IT INFORMANT ADDRESS   No.   IT INFORMANT ADDRESS   No.   IT INFORMANT   IT INFORMANT ADDRESS   No.   IT INFORMANT   IT	3 8 5			Md.		WIDOWE	D DIVORCED				MD.
13 STATE   135 COUNTY   136 COUNTY   136 STREET ADDRESS / ZIP COOK   136 MINISTREET ADDRESS / ZIP COOK   222 Washington St. 216:    14 FATHER'S NAME	of the control of the	163		Cambridge	Dorcheste:	r Gener		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
FATHER'S NAME   INST   INSTITUTE   INSTI	25 miles	100	13a.	STATE 136 COU	NTY 13c. CITY OF	RTOWN		13e.STREET ADDRESS / 922 Was	ZIP CODE	n St.	21613
10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   11 CAUSE OF DEATH Enter only one course per line for (g), (b), and (c).   12 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   13 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   14 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   15 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   16 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   17 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   18 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   19 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).   10 AUSE OF DEATH Enter only one course per line for (g), (b), and (c).	tet 2 sh	uiu		ATHER'S NAME		.,				1467	
THE SOCIAL MAN CONTRIBUTION OF COLUMN AS DEPOSITION OF	w be w	691		James El	lison Hugh		Mary			rosby	r
Security   Part   Death   Enter only one course per line for (g), (b), and (c)	xecul nd cc	dicol			VE WAR OR DATES!		.,				
PART L DEATH WAS CAUSE OF PROPERTY OF THE PROP	on on s. Po	E B		No	214-	07-7797	James E. F	lughes Jr.	Toddy		
The proof of the p	ertificate ng physici banpapei	cevent, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly one couse per line for (g), ED BY. TE CAUSE (o) Sucher	no Coracle	line Dentl	/		BETWEEN ON	SET AND DEATH
OR CONTRIBUTING    CAUSE OF DEATH   DOWN A.M.   NOT HIT	gned b	ry, or ather	IFICATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON (c) Service  CONDITIONS CONTRIBUTION	SEQUENCE OF C,	O A.D.		DITION GIVEN II	N PART I 10	
OR CONTRIBUTING    CAUSE OF DEATH   DOWN A.M.   NOT HIT	has has	in Good and				VHICH OPERATIO	N WAS PERFORMED		IN CERTIFYING	G CAUSES O	F DEATH?
While   NOT WHILE	ICIAN: The physicial physicial conference in the physician in the physicia	em 18 sh		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT		21r. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
The property of the property o	offending ter this of	rked ar II	MEDIC			OFFICE, FARM ETC )		CITY OR TO	WN (	COUNTY	STATE
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2 -12 - 8-5  TO PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIREC	TTENDIN putal ar TOR. Af	21 is mo		22a   certify that (1) this hasp saw the deceased alive or	ottended the deceased	C. L. Theren	19	, 10	. 19_	,	-
O P To See The Control of the Contro		J 180		Me for	Leller	ec 1	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC			
Q 5 + 5 3 3 2 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	arned PUN	PORT		ACA 2 ACE 2 A CE							
130. DURING, REMATION, REMOVAL 130. DATE STAND OF CEMETERS OF CREMATORY STATE	Die St	3 3	23 a.	BURIAL, CREMATION, REMOVA	1	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	100	UNITY	STATE
BP burial 2/14/85 Dorchester Mem. Pk. Cambridge Dor. Md.	BP	_	L	burial	2/14/85	Dorche			idge I	or.	
DHMH - 16 50M 4/83 (VRA 15, 4)  24 FUNERAL DIRECTOR  1250. DATE REC'D. BY REGISTRAR'S SIGNATURE  1250. DATE RE			24 F		AT. HOME CAN	BRIDGE					RE #



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	ned by	pleas	urial,	-
	en sig	. Then	or to b	
	s certificate has been signed by the attending physician and completely filled in the time in the receiving a 3	burial-transit permit. Then please remove carbon papers. Pages 1 Day 2 shellid be that the transfer death	Mental Hygiene prior to burial, cremation, ar removal.	
and and and	cote h	disno.	Нудіе	, , 0
2	certifi	riol-tr	entol	
	w	0	2	

STATE OF MARYLAND FOR - STATE REGISTRAR

white

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EKITIC	AIE UP L	ZAIN	REG. NO.							
LAST	aleu	<b>\</b>	20 DATE OF DEATH	FE B	17	YEAR 85	S HOL	JR C		
DATE OF			6. AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	244		
100 P	20	1898	86	YRS	MONTHS	DAYS	HOURS	M		
MARRIED			9 BALTIMORE CITY	or coun		ATH				

TO. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? U.S.A.

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YES.X

12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFEL TINDUSTRY

13e.STREET ADDRESS / ZIP CODE 310 Henry St. 21613

Cambridge Md. Dor. LEATHER'S NAME MIDDLE

1. DECEASED NAME (TYPE OR PRINT)

Md.

female

O CITY OR TOWN OF DEATH

Noah

Cambridge

3. SEX

CERTIFICATION

Todd

Louisa 17 INFORMANT

113d INSIDE CITY LIMITS?

NOF 15. MOTHER'S MAIDEN NAME

ADDRESS

MIDDLE

Insley

160 WAS DECEASED EVER IN U.S. ARMED FORCES 1 (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) No

1,55 € 4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN

166 SOCIAL SECURITY NO 217-20-4353

Dorchester General Hosp.

W.Luther Hurley

Item # 13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RENAL FAILURE DAYS IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF WEEKS SEPSIS Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. AUPTURED DIVERTICULITIS & GENERALIZED PERITONITIS

WHILE NOT WHILE AT WORK

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 STROKES TWO PREVIOUS

0	2-1-85	PERF
	0 1 0 J	6-EN
	ACCIDENT WAS UNDERLYING .	216 TIME OF

TION FOR WHICH OPERATION WAS PERFORMED ERALIZEO PERITONITIS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY? NO

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [

216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER! 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

21f LOCATION CITY OF TOWN COUNTY

AURORA

and that in (m) (our) opinion death occurred on the date and hour and from the causes stated

22a.1 certify that (1) (this haspital) attended the deceased from saw the decease alive on 2-19
obove (D(we) did (did not) view the body ofter death 226 SIGNATURE

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

2-19-85

22c DATE SIGNED

F. MELARTER, MO.

CAMBRIOGE, MD. 21613 23r. NAME OF CEMETERY OR CREMATORY Greenlawn Cem.

22e ADDRESS

DEGREE

Cambridge

Md Dor.

burial 24 FUNERAL DIRECTOR

JAMES

230 BURIAL CREMATION, REMOVAL

THOMAS FUNERAL HOME CAMBRIDGE MD.

2/22/85

250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STREET

DHMH - 16 60M 7/84 (VRA 15. 4)

BP

should be detoched

DIRECTOR

13 (3) 30

Salisbury. Md.

Stewart Funeral Home

(VR A15 ME (5)) 20M 4/B2

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

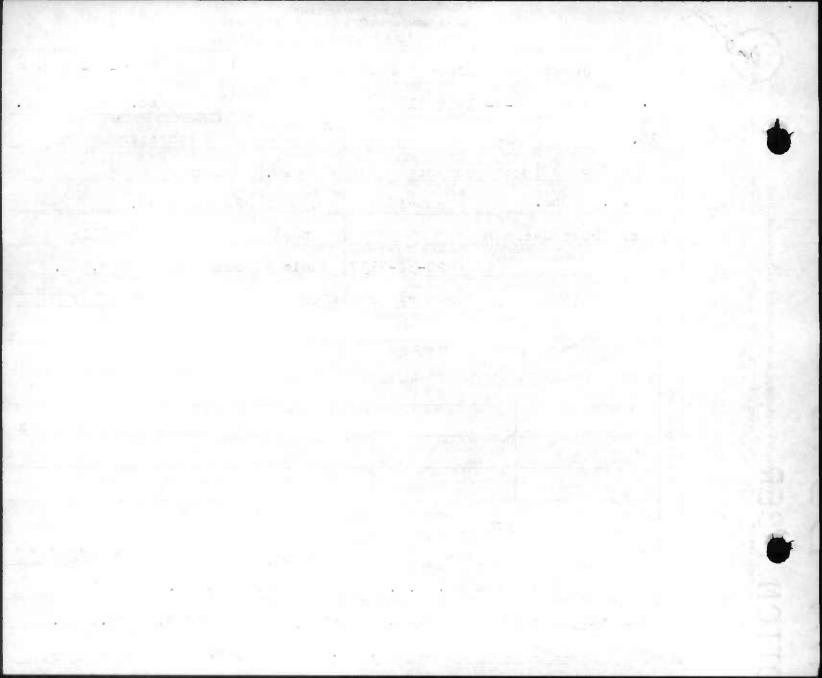
7b. HOUR

2d. HOUR

NO X

STATE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH



STATE OF MARYLAND	
ARTMENT OF HEALTH AND MENTAL	HYGIENE

DEP

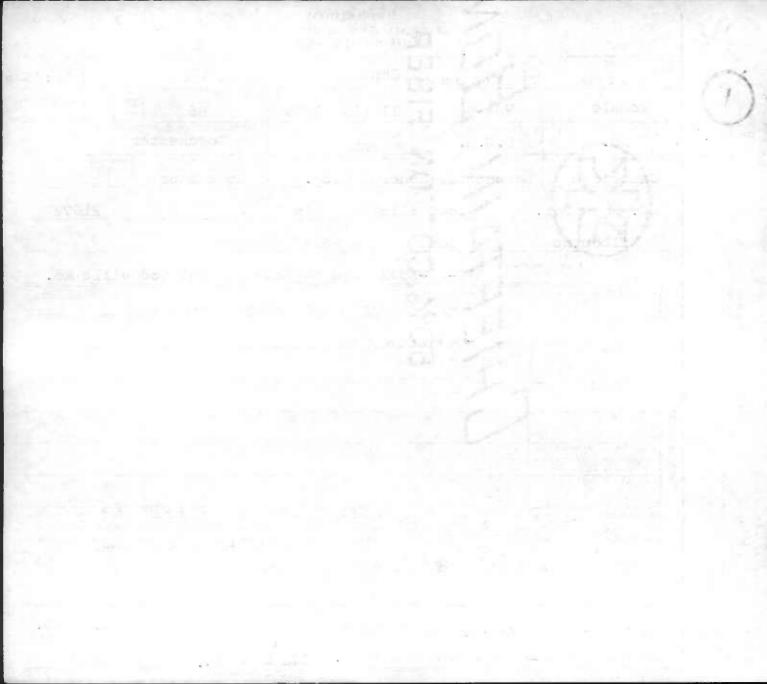
	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	).		Ė					
		CEASED NAME FIRST PROPRINTS  CORPRINTS  CORP	4. Toda	,	ES	20. DATE OF DEATH 2/2/8-5	MONTH	DAY	YEAR	26 HOU	:45			
	3. SEX	female	white	5. DATE O	19 <sup>PAY</sup> 18 <sup>Y</sup> 9	6 AGE (IN YEARS LAST BIRT	MONIHS	MONTHS DAYS		MIN.				
6		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COU	MARRIEI WIDOWE	DENEVER MARRIED DENEMBER DIVORCED	9 BALTIMORE CITY O	ATH	MD						
3		Cambridge	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Dorchester	/E STREET ADDRESS)		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MOMENTAL)	WORKING LI		KIND O USTRY	F BUSINI	ESS OR			
6	13a. S	AL RESIDENCE (IF NURSING HOME OR CATATE 136 COUN DOT	TY 13c. CITY O		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		2]	672				
K	14 FA	ATHER'S NAME Milbourne		odd	15. MOTHER'S MAIDEN NA/ Lola	WE			LAS	Ţ				
1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	L6-3803	Sue Hughes	Box 107				MATE INTE				
	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE												
1	CERTIFICATION	19a DATE OF OPERATION	. 19b. CONDITION FOR	WHICH OPERATION	YES NO	106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO				TH?				
7	MEDICAL CE	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 716. INJURY OCCURRED  WHILE ALL WORK ALL WORK  770. I certify that (I) (this hospit sow the deceased allow our property of the p	P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY) attended the deceased	OFFICE, FARM, ETC.)	DEGREE COUL	city OR TO	ote and hou	19_8 pr ond In	om the	that (1) (	oted			
		BURIAL, CREMATION, REMOVAL (SPECIFY) burial	23b. DATE 2/24/85		EMETERY OR CREMATORY HURCHY ARD	TODDVII	LE	ďď	řR.	N	id.			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked ar Item 18 shows any injury, or ather troumotic event, the

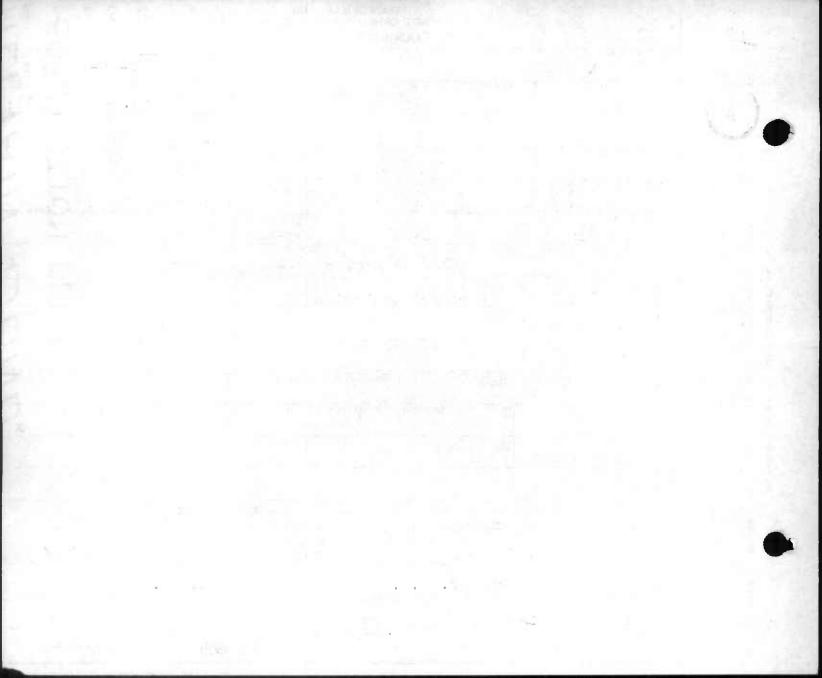
24 FUNERAL DIRECTOR THOMAS FUNERAL HOME CAMBRIDGE MD. 1250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



		FOR STATE		C	STA DEPARTMENT OF		ARYLAND AND MEN		\$ 5 0	5	9 4
		REGISTRAR		MED	DICAL EXAMIN			ATE OF DE	ATH REG. NO.		
		CEASED NAME OR PRINT)	FIRST		WIDDLE		LAST		20. DATE KNOWN		YEAR 26 HOUR
			Margaret		В.		awren		DEATH MATED	2- 9-	19 M
	3. SEX			DATE OF BIRTH	6. AGE (IN Y YEAR LAST BIRTHI	AY) MONTH		UNDER 24 HRS	2c. DATE PRONOUNCED	MONTH DAY	YEAR 2d HOUR
1		emale				RS.			DEAD F.O		10 85 11.
551		RTHPLACE (ST	ATE OR /	. CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED NEVE	R MARRIED	9. BALTIMORE CITY OR	COUNTY OF	DEATH AMSUL
2			usetts	U.S.A.		WIDOW		DIVORCED	DORCHES'		MD.
1		Y OR TOWN		(IF NOT IN SUCH FAC	PITAL, NURSING HOM		ER INSTITUTION		SUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	F WORK 12b KI	ND OF BUSINESS R INDUSTRY
1		ambric			sawap Cir			Ho	usewife	Но	memaker
	13a. S1		13b. COUNTY		lac city or town Cambride	,	13d. INSIDE CITY YES 🔲		REET ADDRESS 5 Hatsawap	Circl	2/6/3 e
15	14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER	S MAIDEN NAM	E MIDDLE		t A ST
U		Will		<i>lyatt</i>	Barber			rence	Hurst	На	rmon
1		AS DECEASE!	DEVER IN U.S. ARME		16b. SOCIAL SECURI		17. INFORMA		Cinn Oh	452	31
		- 20			033-18.	3303	Benj	amin L	cinn. Oh.	77 Hol	lyhock
		Condition	F DEATH (Enter only of ATH WAS CAUSED 8 IMMEDIATE is, if ony, which be to immediate stoting the under-	Y: CAUSE (o) COI DUE TO, OR A	ronary oc as a consequence	OF	ion				PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		lying cou	se lost.	(c)	AS A CONSEQUENCE  UT NOT RELATED TO THE TER		OR CONDITION G	IVEN IN PART 1 (g).			
7	FICATION	19a. DATE OF			ION FOR WHICH OPE						AUTOPSY?
3	AL CERT	21a. EXTERNA UNDERLYING CONTRIBUTION	L CAUSE WAS OR OG CAUSE OF DE	21b. TIME OF HOUR A.M. P.M.	INJURY MONTH DAY YEA	21c. HC	)W INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PAI		YES NO 🔯
	MEDIC	214 INJURY C WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, DRY, FARM, ETC.)		TREET		CITY OR TOWN	COUNTY	STATE
2		deoth resulte ACTUAL SIGNATURE_ EXAMINER'S	NAME Tohr	couses X.	ribed obove, held on Accident , Si	Autops vicide	Homicide TITLE (SPE D. Depu	CIFY)  Ty MEI	DICAL EXAMINER	DATE 2	/11/85
-		(TYPE OR PRIN	*11				ADDRESS		idge, Md.		
	Bu	rial		-15-85	23c. NAME OF CE Southbo	ro R	ural	Cem Soi	ocation original uthboro, Wo:	county rceste	r, Mass.
	24 FU	NERAL DIREC	Cyrrar	ligh st	al Home; C	ambr 1613	ıdge	FEB 13	Y REGISTRAR 256. REGIST	HAR'S SIGNAT	URE ndelle

DHMH-17 (VR A15 ME (5)) 15M 2/80

BP.



## 1 - STATE REGISTRAR

page 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF**

DEATH	REG. NO.				
EWIS	20. DATE OF DEATH MONTH	3 8	YEAR	26 HOU	S S
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER	24 HRS
8 9	95- YRS.	MONTHS	DAYS	HOURS	MIN,
party.	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

21613 Cambridge. Md. LAST

	CEASED NAME FIRST N	IARY MIDDLE	AXXXXX LEWIS	20. DATE OF DEATH	2 3 85 95 M					
SE	* FEMALE	4 RACE CAU.	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
		0110	nonth DAY YEAR	9 95	YRS.					
a Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH					
,	TRGINIA	U.S.A.	WIDOWED DIVORCED	DORCHES	TER					
0 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 126. KIND OF BUSINESS OR					
0	AMBRIDGE	DUR WSHEHEASHIT GIVE STREET	ENERAL HOSP.	housekee	WORKING LIFE) INDUSTRY					
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		on the expert apprece (	ZIP CODE 21613					
	/ 5	hester Cook s	N 13d INSIDE CITY LIMIT	S? 13. STREET ADDRESS /. Rt. 3, Box	195, Cambridge, Mo					
	THER'S NAME		15 MOTHER'S MAIDEN	NAME						
	BOOTEN	WOODWARI	D SARAH	WIDDLE	PIAST					
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT &	ughter ADDRES						
1	YES NO OR UNKNOWN] (IF YES, GIV	214-28-1		is Ray, Solt	ow, same as 13e					
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (0), (b), and	dicit	. 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	INEUL	MONIA (	L.). I owlay					
	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which	(b)								
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF							
	underlying couse lost.	(c)								
_	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1:0					
CERTIFICATION										
CAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
TIF				YES NO	YES NO					
	21a ACCIDENT WAS UNDERLYING CAUSE OF DEA	] 21b. TIME OF INJURY HOUR A.M. MONTH DA	CURRED LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART ?)						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	CIH .								
EDI	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	(ITY OR TOW	N COUNTY STATE					
2	AT WORK NOT WHILE									
		tal) attended the deceased from_			. 19, that (I) (we) lost					
	sow the deceased alive an above, (1) (we) (did) (did no	t) view the body ofter death.	and that in (my) (our) api	nion death occurred on the dat	e and hour and from the causes stated					

O FUNERAL DIRECTOR. should be detoched MPORTANT 230. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

23d LOCATION

MEDICAL STAFF
DIRECTOR PHYSICIAN

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

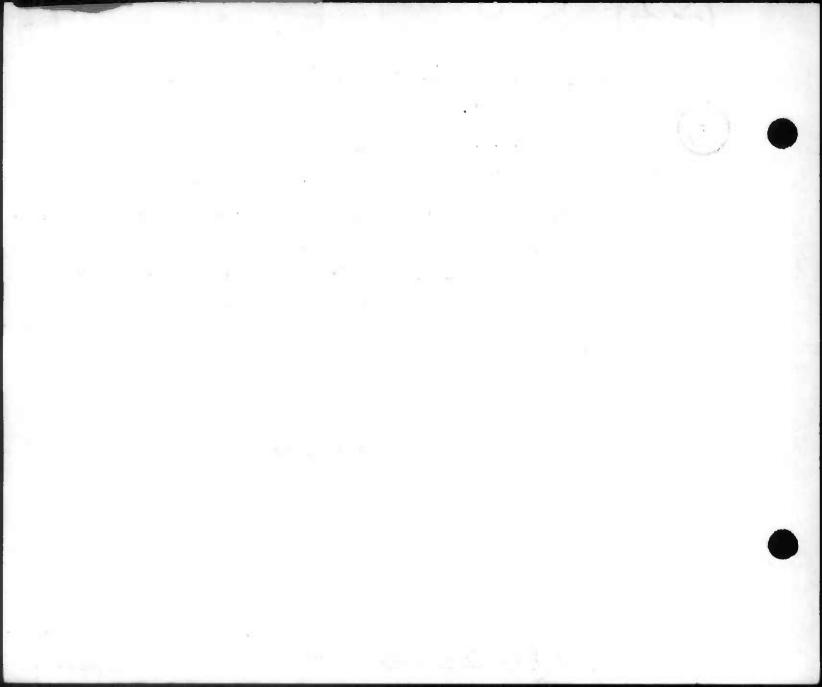
24 FUNERAL DIRECTOR

226. SIGNATURE

22d PHYSICIAN'S NAME (TYPE OR PRINT

ATTENDING

PHYSICIAN



## STATE OF MARYLAND

U	3	- 1	9	Ó
-40				

- STATE REGISTRAR	DEPAR		ICATE OF DEATH	REG. NO.				
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	me	Goth	20. DATE OF DEATH MONT	18 85	7.10 PM		
female	white	5. DATE O	H DAY YEAR		MONTHS DAYS			
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY U.S.A.	/? 8 MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OR COUNTY OF DEATH Dorchester				
Cambridge	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE  Dorchester G	ET ADDRESS)		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORL  NOMEMAKET	KING LIFE) INDUSTRY	OF BUSINESS OR		
USUAL RESIDENCE (# NURSING HOME OF 136 STATE 136 COU	NTY 13c. CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 311 Glenb	code urn Ave	2161		
14. FATHER'S NAME Robert	Lee Seabrea	se	15. MOTHER'S MAIDEN NAM	Jane	Brac	ley		
160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)		17 INFORMANT  9 Catherine		.l Box l	Md.		
PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), one ED BY TE CAUSE (a)	Emo.	NIA			NONSET AND DEATH		
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)							
7 1 1	Lerotic He	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION		ła		
190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE			

NO [

CITY OF TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

27a I certify that (I) (this haspital) attended the deceased from 

DEGREE

211 LOCATION

ATTENDING PHYSICIAN

22¢ DATE SIGNED

Edu

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL burial

23b DATE 2/22/85

216. TIME OF INJURY HOUR A.M.

P.M 21e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

MONTH DAY YEAR

23c NAME OF CEMETERY OR CREMATORY E.NEW MARKET

23d LOCATION CITY OF TOWN

STAFF

24 FUNERAL DIRECTOR

MEDICAL

210. ACCIDENT WAS UNDERLYING

214 INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

CAMBRIDGE

THOMAS FUNERAL HOME

1000

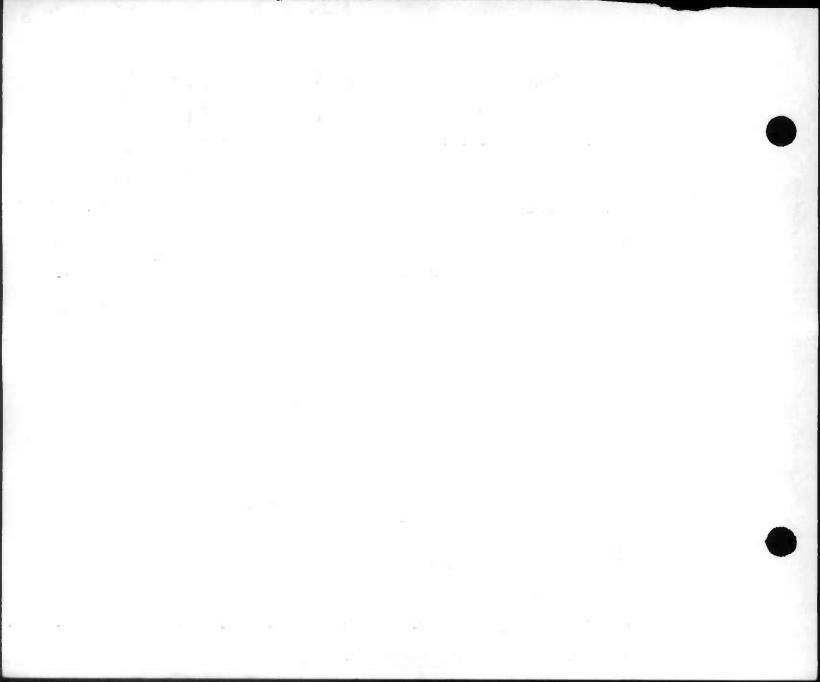
DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR.

ould be detoched the State Dept.

MPORTANT: If he

he prior to bur



ury or other froumotic event, the medical

MPORTANT. If them 21 is marked or them 18 shows any in

burial

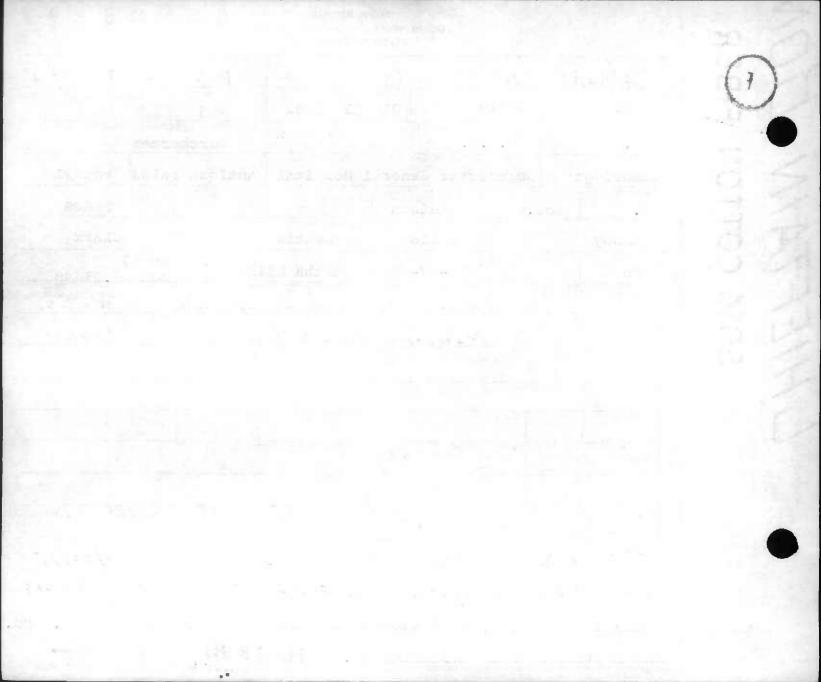
24 FUNERAL DIRECTOR

11.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	5 1 9 7			
	CEASED NAME FIRST A/best  male	G. Mi	S. DATE OF BIRTH  O'O'NTH 13 DAY 1902	Fe 5 27	DAY YEAR 26 HOUR 7 5 4 AM IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.			
10. ⊂	TY OR TOWN OF DEATH  Cambridge	Dorchester Ge	MARRIED NEVER MARRIED X WIDOWED DIVORCED DIVORCED GIG HOME OR OTHER INSTITUTION ADDRESS HOPE TAIL ADDR	BALTIMORE CITY OR COUNTY	MD.  12b KIND OF BUSINESS OR INDUSTRY.			
130.	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUN DOT	TY 13c CITY OR TOW	138. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	21648			
14. F	ATHER'S NAME Ashby	MILLS MED FORCES? 1166. SOCIAL SECU			Clark			
NOI	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	y one cause per line for (a), (b), and BY:  E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO I	ence of Brostati		BETWEEN ONSET AND DEATH  10 YEAR  10 YEAR  EN IN PART Ito			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF D				
CERT	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	YES NO YE	S NO			
MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK AT WORK	TH HOUR A.M. MONTH DA	AY YEAR 19 21f LOCATION	YES NO YE	S NO			

DHMH - 16 60M 7/84 (VRA 15, 4)

THOMAS FUNERAL HOME CAMBRIDGE MD.

Trinity Churchyard 250. DATE REC'D.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 reging after death. Page 4 may be

retained by the hospital or attending physician.

BP\_ DHMH - 16 50M (VRA 15, 4)

illed in by the funeral director, page 3 yild be filed within 72 hours after death

		1 -	FOR STATE REGISTRAR		STATE OF MARYLAND 8 5 0 5 9 8  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.									
ge 3			CEASED NAME OR PRINTS	FIRST	Virg	inia	Ne	W.C.O.M	h	28. DATE OF D	EATH ~	ONTH DAY	VEAR 85	858 M
0 0		3. SE)		,,,,,,				OF BIRTH	~	6. AGE (IN YEAR	RS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
actor rs aft			female	1	wh:	ite	3"	22	1911	73	3	YRS	UATS DATS	HOURS MIN.
n 72 hou	35		RTHPLACE (STATE OR F	OREIGN	7b. CITIZEN OF V	WHAT COUN	MARI	NED NEVER	MARRIED   INORCED	9. BALTIMORE DO	FDEATH	MD.		
illed in by the funeral director, page 3 wid be fled within 72 hours after death	Coffied S	10. CI	cambri		11. NAME OF H	H FACILITY, GIVE S	TREET ADDRESS)	al Ho		120. USUAL OC (TYPE OF WORK FO SEWII	OR MOST OF	WORKING LIFET	126 KIND OF BUSINESS OR	
illed in	and the same		AL RESIDENCE (IF NURS TATE Md.	13b COUN		13c. CITY OR		13d INSIDE	CITY LIMITS?	13e.STREET AD 200		ZIP CODE	t.	21613
apletely Fi	811	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHE	S MAIDEN NA		MIDDLE		LAST	
campletely 1 and 2 sh	\$11		Riley		MIDDLE	Horse		] ]	avenia		WIDDLE		Gra	У
d co	ical	16a V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)		SECURITY NO	ı			ADDRES			
n and c	medica		NO OR UNKNOWN)	(# 123, 014	t wak on Dailes;	220-1	LO-607	5 Lor	ta Ell	liott	Ite	em # .		
y the attending physic is remove corban pope cremation, ar removal	ther traumatic event, t		PART I DEATH W  Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	AS CAUSE IMMEDIAT which nediate g the	D BY: TE CAUSE (o)  DUE TO, OF	NETAS	EQUENCE OF	MA 9	F PAI		ICRO 3	713	£ .	HATE INTERVAL HASE I AND DEATH  CPUS  DUCS
been signed b	injury, ar o	PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING									20b IF YES, V	VERE FINDING	GS USED	
has	PX	TIFIC								YES []	NOX	IN CERTIFYIN	NG CAUSES (	OF DEATH?
ertificate	27		216. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEA	5111	M. MONTH	DAY YEA	lR	NJURY OCCUR	RED (ENTERNATU	RE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	
ter this c	rked or B	MEDICAL	21d INJURY OCCUR!	RED	21e PLACE (	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCA		_	CITY OR TOW	N	COUNTY	51 ATE
for un	21 :		22s. I certify that (I) saw the decease obove (I) we (c	delive on	~	117		and that in (m	19_8)	death occurred	on the dot	e and hour a	nd from the c	not (1) we) lost auses stated
DIREC	te E	/	IGNATURE		.0	P.	0	DEGREE			CYAFF		22c. DATES	IGNED
RAL deta	AN THE	(	(A) or	-	100	Vac	cleer	uys	PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		2/1	7/85
Shauld be deta	IMPORTA		DAVID	8	STOE	KLE	m.	270 ADDR	AURO	RAST	- G	MBR	406E	MO
F 90 3	_	23a B	BURIAL, CREMATION, SPECIFY) burial	REMOVAL	23b. DATE 2/20/	/85		Market Market	et Cem	23d. LOCAT	ION RIOWN ME	arket	Dor	. Md.
16 50M A 15, 4)		$\overline{}$	JNERAL DIRECTOR	Jun	el flor	ne ADDA	ress	be mol-	F:82	2 1985	GISTRAR 2	Sb. REGISTRA	R'S SIGNATU	IRE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO									7	2 7 2			
	EASED NAME	ren	00 1	uckner	N	else	n	2a DATE OF I		ONTH	20	YEAR 1985	26 HOUR 9:20 A
3 SEX		4	RACE		5. DATE C			6 AGE (IN YE			IF UNDE	DAYS	IF UNDER 24 HRS HOURS MIN.
	Female	20 2	Whi	te	MONTH	24	1894	90	0	YRS	MUNIFIS	DATS	HOURS MIN.
	THPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER M	ADDIED [	9 BALTIMOR	E CITY OR	COUNTY	OF DE	ATH	Hall
1	Missour	i	U.S	.A.	WIDOWE		ORCED	Doro	cheste	er Co	ount	y	MD
i0. ⊂IT	Y OR TOWN OF DEA Cambrid	1	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Ster Gene	ADDRESS)			120 USUAL O		YORKING LIF		KIND OF CHART	BUSINESS OR Lent
13a ST	RESIDENCE (IF NURSI ATE Cyland	ng hove or o 13b Count Caro	Y	GIVE RESIDENCE BEFORE  13c CITY OR TOWN  Federals	N	13d INSIDE CIT	NO [2]	13e STREET AL	DDRESS / Z	ZIP CODE	adc	w Br	21632 cook Par
1 FAT	HER'S NAME	M	IDDLE	LAST		15. MOTHER'S		WE	MIDDLE		V.	LAST	
	Richard		P. Luck			Cai	roline		Militaria			Bau	m
160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)				16b. SOCIAL SECU	RITY NO.	17 INFORMAN			ADDRESS				
	No	(# 123, 0112	WAN ON DAIES!	101/03/30	033	James	s L. Ni	lelsen	(Sar	ne as	s 13	e.	
	PART I. DEATH W.	I (Enter only AS CAUSED IMMEDIATE	CAUSE (o)	Brevi	n.	tu m						APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
NO	Conditions, if any, gove rise to imm couse (0), stoting underlying couse	ediote g the lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF	JT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE					EN IN	PART Ira	
CERTIFICATION	90 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	10PSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO						
MEDICAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21g. ACCIDENT WAS UNDERLYING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21g. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  19  21g. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  19  21g. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21g. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21g. HOUR INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21g. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21g. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21g. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21g. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21g. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21g. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21g. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21g. TIME OF INJURY IN ITEM 18, PART 1 OR PART 2)												
	220. I certify that (I) sow the decease obove, (I) (we) (d) (27b. SIGNATURE	(this hospito d olive on_ id) (did not)	1.6 DLM C	14 2019 3	5.5. on	DEGREE  AT  P	TENDING HYSICIAN	to Feb			22	c. DATE S	
	RIAL, CREMATION, F	5 1	123b. DATE	1236 N	AME OF C	300 CA	llins A	J. Hu		K I	14ci	21	643

TO FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept-of-Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other troumotic event,

IMPORTANT: If Hem 21 is morked or Hem

DHMH - 16 60M 7/B4 (VRA 15, 4)

Cremation
24 FUNERAL DIRECTOR 2/21/1985 Green Mount Cemetery Balti

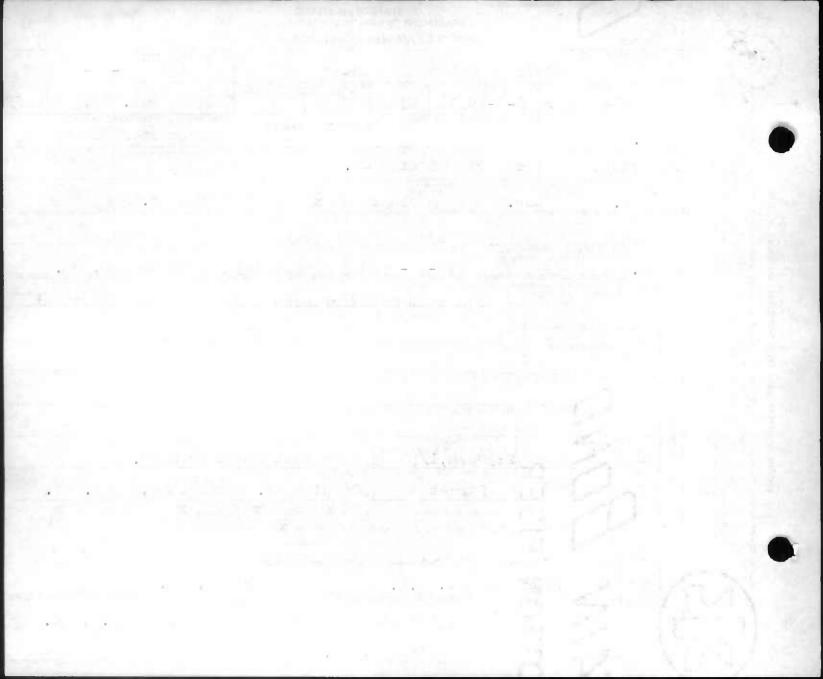
Baltimore, Maryland

Walter Brooks Bradley Inc. Balto., Md. 21222

TRAR 250 REGISTRAR'S SIGNATURE LOSS FEB 2 1 1985







OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer gle

etoined by the haspital or ottending physician.

STATE OF MARYLAND	
ARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF REATH	

8	5	0	5	2	0	1

1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO				
	EASED NAME	FIRST		MIDDLE	ī	AST	2	. DATE OF DEATH	ONTH	DAY YEAR	26. HOUR	P
(TYPE (	OR PRINT)	Sally	El	izabeth	4	Saunders		February	2,	1985	7:1	5 M
3. SEX			4. RACE		5. DATE C			. AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 2	
	Female		Whi	te	Mar		31	53	YRS.	MONTHS DAYS	HOURS	MIN
	THPLACE (STATE)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D M NEVER MARRIED	9.	BALTIMORE CITY OR	COUNT	TY OF DEATH		
CO	Warylan	.d	USA	A	WIDOW			Dorcheste	r	county		MD
-	Y OR TOWN OF				G HOME C	OR OTHER INSTITUTION	V 1	20 USUAL OCCUPATIO		12b. KIND O	F BUSINES	SS OR
V:	ienna		MD ROL	ate 331	ADDRESS		1	Clerk Typ	ist	Dupo	nt	
	L RESIDENCE (IF)	NURSING HOME OF	OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMIT	TS? 113	3e STREET ADDRESS				
MI			chester			YES NO		MD Route	331	/ 218	69	
14. FA	THER'S NAME		WIDOLE	LAST		15. MOTHER'S MAIDE		WIODLE		LAS	57	
	Walte	r	Phomas	Ralph	1	Dor	ris			Benn		
16a. W	AS DECEASED ET	VER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT		ADDRES		1, Box	189	
	VO	_		222-20-	2460	Warren N	1. S	aunders V	ier		218	69
	18. CAUSE OF DI	EATH (Enter a	nly ane cause pe	r line far (a), (b), an	d (c).y	1		1		BETWEEN	ONSET AND D	EATH
	PART I. DEAT	H WAS CAUSE	D BY: TE CAUSE (a)	Meta	stou	to c bue	w	4 (cu	16	och		
			DUE TO C	R AS A CONSEQUI	ENCE OF							
	Conditions, if	ony, which	(b)_							100		
	gave rise to			R AS A CONSEQUE	ENICE OF		31					
		ouse lost.	(6)	M AS A CONSEGO	LINEL OI							
	PART 2. OTHER S	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR COND	ITION G	IVEN IN PART 1	0)	
NO	-	ada Janesana da Sara									-	
CERTIFICATION	19a. DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a. AUTOPSY?		ES, WERE FINDI		
Ē		Market State of State						YES NO		YES [	NO [	_
CER	210. ACCIDENT WAS	SUNDERLYING	216. TIME C		VEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY	IN ITEM 1	8, PART 1 OR PART 2)		
	OR CONTRIBUTING		AIII	.M. MONTH D.	AY YEAR	6						
MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY	h 525 1	21f. LOCATION		CITY OR TOW	,	COUNTY	STA	ATE
W	WHILE NORK AT WORK	OT WHILE	(AT HOME, ST	IREET, FACTORY, OFFICE,	FARM, ETC.)	OTAGE.			,			
	22e I certify tho	(I) (his hosp	ital) attended tl	he deceased from_	1 22	, 19_	XJ	_, to	45 1	19 4	thot (1) (y	re) lost
	sow the dec	eased alive or	ot) view the bady	ofter death	47 ,0	nd that in (my) (our) ap	pinion de	oth occurred on the da	e and h	our and fram the	couses sto	ted
	226 SIGNATURE		A.	oner deam.		DEGREE				22c. DATE	SIGNED	
	10	C	reses	-	ne	ATTENDI PHYSICI	ING A	MEDICAL STAF		15	6 4	-1
	224. PHYSICIAN	S-NAME (TYPE	OR PRINT)	1		220. ADDRESS		ton It	_			
	,	A	( 0	clay,	my	100	Sie	y end	2	100		
23a. B	SURIAL, CREMATI	ON, REMOVA	23b. DATE	23c.	NAME OF C	EMETERY OR CREMAT	TORY	23d LOCATION			STA	76
B	Tal		2-6-8	35 Ma	rdel	a Cemeter	V	Mardela	Spr	ings.W	_	

DHMH - 16 25M (VR A 15 (4) ) 9/74

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the June should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filed within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the

medicot

FOR

hourn ifter death

oth. Page 4 may be

ZelTer Funeral Home, East New Market, M

Mardela Cemetery

Pry Mardela Springs, Wic., MD 25a Date REC'D. BY REGISTRAR 25B REGISTRAR'S SIGNATURE FEB 8 La Tavidson Randalle

Land of the Land Control of the state of the sta

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apletely filled in by the funeral director, page and 2 should be filed within 72 hours ofter deb

injury, ar other troumotic event, the medical

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

S	5	0	5	2	0	2

		REGISTRAR					THE OF BEATH	REG. N			
		CEASED NAME	2 is		nley	1	haro	20 DATE OF DEATH	a a		26 HOUR 50
	3 SE	X		RACE			OF BIRTH	& AGE (IN YEARS LAST BE		FUNDER ) YEAR	IF UNIOER 24 HRS
	8	Female		Ne	gro	MONT	y 20, 1912	72	YRS	ONTHS DATS	HOURS MIN.
-		RTHPLACE (STATE OF	FOREIGN 7		WHAT COUNTR	Y2 8	176-11	9 BALTIMORE CITY O		OF DEATH	
5		rlock, Mar	brafv	U.S.	A	WIDOW	ED MEVER MARRIED DIVORCED	Donahast	-		440
		ITY OR TOWN OF DE		1. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	Dorcheste	10N	12b. KIND O	MD.  F BUSINESS OR
5		ambridge		Dorche	ster Ge	neral H	Hospital	Food proce		Canni	ng House
1	130. 9	AL RESIDENCE (IF NUR STATE ryland	136 COUNT		13c CITY OR TO	NWC	134 INSIDE CITY LIMITS?	PO Box 652		210	643
		THER'S NAME				CR	IS MOTHER'S MAIDEN NA	ME		-	
		Howard La		IDDLE	LAST		Elsie Holli	MIDDLE		LAST	Т
-	16a V	VAS DECEASED EVER	IN U.S. ARM		16b. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS	0	3 (40
	- ()	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-16-	-0027	John A. Shar	n PO Par 4	E2 11.	~ ? !-	1643
		18 CAUSE OF DEAT	H (Enter only	000 0000 000			Toolar M. Dhar	P. TO BOX (	72, nu	APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH V	AS CAUSED	BY.	CACHE					MONT	
		13 3/20 /11	IMMEDIATE					1.000171		1	
		Canditions, if any	hiah		RAS A CONSEC		DIFFUSE PANCE	CARINE T ASE	MARCHAE	YEAR	,
	9.	gave rise ta imi	mediote	)			DIFFUSE FINCKI	ENTITIS C PSE	USECT)I.	3 10///	
		underlying cause			R AS A CONSEC		L ABUSE			YEA	PI
		PART 2 OTHER SIG	NIEIC ANT CO	-				AIN AL DISEASE OR CON	DITION CIVE		
	NO	ANER	IM, NUT	RITIGNAT	· , GAST	AIL OUT	TNOT RELATED TO THE TERM	1 2 TO PANCE	REATITI.	3	
7	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
1	IFIC			188				YES T NOT	IN CERTIFY	ING CAUSES	OF DEATH?
	CER	210. ACCIDENT WAS UN	DERLYING	216. TIME O			21c. HOW INJURY OCCUR		1.00	1 I OR PART 2)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR					
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION				
	M	WHILE NOT WE	3,114	(AT HOME STE	REET FACTORY, OFFIC	E, FARM, ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE
		220.1 certify that		al) attended th	e deceased fram	n	12-10 10 84		27 19	\$5	that Dwe last
		saw the deceas obave ((1)(we)					and that in my (our) opinion				causes stated
	100	22b. SIGNATURE	ala ji ala nati	view the bady	offer death		DEGREE			22¢ DATE	
		4	FM	2 +	- 40		ATTENDING PHYSICIAN I	MEDICAL STA		2-	27-85
ī		224 PHYSICIAN'S N	AME (TYPE OR	PRINT)			The ADDRESS 400 A			1 000	
		JUAMES	F. M	CARTER	( MID			RIOGE, M.		1.3	
	23o B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23	NAME OF	CEMETERY OR CREMATORY	23d LOCATION	-		
	(	SPECIFY) Bur						Hurlock,	Dorche	COUNTY	Manual and
	24 FL	JNERAL DIRECTOR	-47	1.101 9 4	1707	Washin,	gton Cemetery	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATI	URE
	Fr	amptom-Har	deins i	Runaral	AODRES	216 N	gton Cometery alsburg, Md.				
	_	1		. dilet al	none.	CTO N	MAR ()	6 1005 gate	- Curidan	- Alberta	-
							Primit	0			3

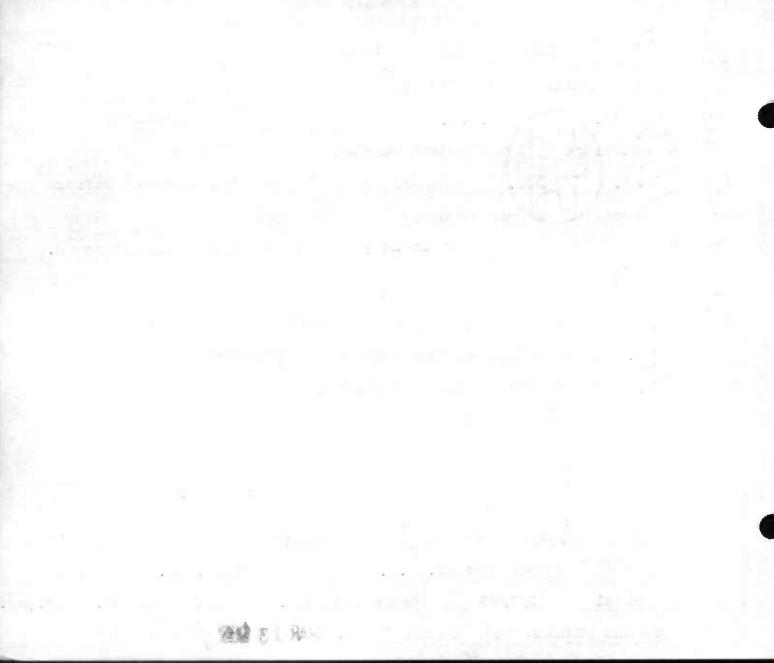
DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for with the State Dept. of MPCRIANT IF #

telman many omale 0220 July 20, 1912 92 urlook, ar and the agree and and the contract of Sanyleyd Jordanster Humlack PD Nox 652 vabilital cialli cialli brawo... SIS-16-9922 John A. Sharp, Ed Son 652, Surlank, Fervisord The state of the special party of the second state of the special state of the second state of the special state of the second Diring Far. 4, 1985 kaskington Cambony stricks, Derchaster, Parvisco AND ANDRESS OF respondent to the Person Horse, 236 L. Halo Comp. On the contract

l	- S	OR TATE EGISTRAR		M		MENT OF I		AND MI	ENTAL		-	REC	G. NO.	) 2	5 2	2 0	3
		EASED NAME OR PRINT)	DARC	Y I	LEON	S	LACU				I OF	KNOW ESTI- MATEI	CX N	02		1985 9	26 HQU
	sex na.	le	4 RACE White	S. DATE OF BIRT	ONTH DAY YEAR LAST BIRTHDAYS WONTHE DAW LOUGH					R 24 HRS.	PRONOU DEAL	NCED	02	28	19	NEAR NEAR	2d HO
7	FOR	THPLACE (ST		U.	U. S. A. WIDOWED DIVORCED						9. BALTIMORE CITY OR COUNTY Dorchester						
		Cambr	idge		optai	nk Ter	race	INSTITU	TION		MOST OF WO			WORK	ORI	D OF BUS INDUSTR	Y
	SUAL		13b. COUN		NSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  Cambridge  13d. INSIDE CITY LIMITS?  YES \( \sigma \)  13e. STRE						REELADDR 05 C	hop	tan	k T	2 err	1613 ace	3
	1	HER'S NAME HIRST Marce	llus E	dward		acum		Ger	tru	den nam	E	MIDDLE			Gra	Y	
16		AS DECEASE!	D EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		CIAL SECURITY - 26 - 49		Ric		d S1	acum		tess2 amb		x 2 ge		
		gave ris couse (a) lying cau	ns, if any, which se to immediate ) stating the <u>under</u>	(b)	OR AS A COM	NSEQUENCE C	DF DF		N GIVEN IN P	ART 1   a						Tew_	Mir
1	FICALIE	19a. DATE OF	OPERATION	19b. CON	DITION FOR	WHICH OPER	ATION WAS	PERFOR	MED?							TOPSY?	NO [
	CALC	UNDERLYING	NG CAUSE OF	DEATH F	OF INJURY A.M. MONTH P.M. E OF INJURY	DAY YEAR	216. HOV		OCCURR	ED LENTER	NATURE OF IN	IJURY IN ITI	EM 18 PAR	T I OR PAR		.5 🖸	140 (
		WHILE AT WORK	NOT WHILE [		ACTORY, FARM, E		STR				CITY OR TO	)WN		COU	NTY		STAT
ł		death results	fy that I took char- ed from: Natu	ge of the remains irol couses X,	described obe Accident		Autapsy	Homic			Inquiry termined m	- 1	ond ii	n my op			
9		SIGNATURE .  EXAMINER'S  TYPE OR PRIN	HAME J	ohn Mac	e Jr.	M.D.	M.D	Dep		MED	dge.	MINER		DATE	3/1	./85	
-	n BU	RIAL, CREMA	TION, REMOVAL	226 DATE	23.	NAME OF CEA	AETERY OR	REMATO	ORY	23d. L	OCATION Y OR TOWN						TE



,		1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE B 5	0 5 2 0 4
	hoy be		CEASED NAME FIRST ALBE	AT 14 RACE	Lee	SN	AAC VI DE BIRTH	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR  24 85 240 M  IF UNDER 1 YEAR IF UNDER 24 HRS
.4	oge 4		m	BL	ACK	MONTH		Jeg VI	MONTHS DAYS HOURS MIN.
	nero in 72	10-8	RTHPLACE (STATE OFFOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	DORCHEST	
	by the furiled with	10. 0		11. NAME OF	HOSPITAL, NURSING HEACILITY, GIVE STREET	IG HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  NUTSETYMAN	12b. KIND OF BUSINESS OR
	filled in ould be to		TATE 136 COU	ester	GIVE RESIDENCE BEFORE 136. CITY OR TOW Berlin		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	21811
	mpletely and 2 sh	14 F.	THER'S NAME UNKNOWN	MIDDLE	LAST		15 MOTHER'S MAIDEN NA Arlanta	ME	ck last
	be execut		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECT 222-03-		17 INFORMANT	Smack, Rt.	
OI W. PRESION SI., BA	that the death certificated by the attending physical lease remove corban paperiol, cremation, ar removal or other traumotic event, it		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O  DUE TO, O  DUE TO, O  (c)	Cerebrol R AS A CONSEQUE R AS ACONSEQUE SENER	NGE OF	Anteriosole  A A 5.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  24 from
AL RECORDS, A	n. nos been signe permit. Then p ne prior to bur ws ony injury, .	CERTIFICATION	PART 2 OTHER SIGNIFICANT	ASC	UD		NOT RELATED TO THE TERM	200 AUTOPSY? 200 IT ON	GIVEN IN PART TO THE STATE OF T
	SICIAN: The ng physicion certificate hundless in the number of the numbe	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR		YES NO	YES NO NO NI PART 2)
	of the physical of the physica	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STI	OF INJURY REET FACTORY OFFICE, F	ARM ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDI ospitol or ECTOR: A d for use f. of Heol		22a.1 certify that (* this hasp saw the deceased alive ar above, (1) (**) (did) (did		1-124 10			death accurred on the date and	hour and from the causes stated
	TAL OR AL DIRE detochec oute Dept		226 SIGNATURE GEORG	e B	uh	1	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	2/24/80
	D HOSPIT		C/ZONGE	BECH	mp		12 ASTIN	SHORE HOS	P CIENTIER

DHMH - 16 50M 1/81 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

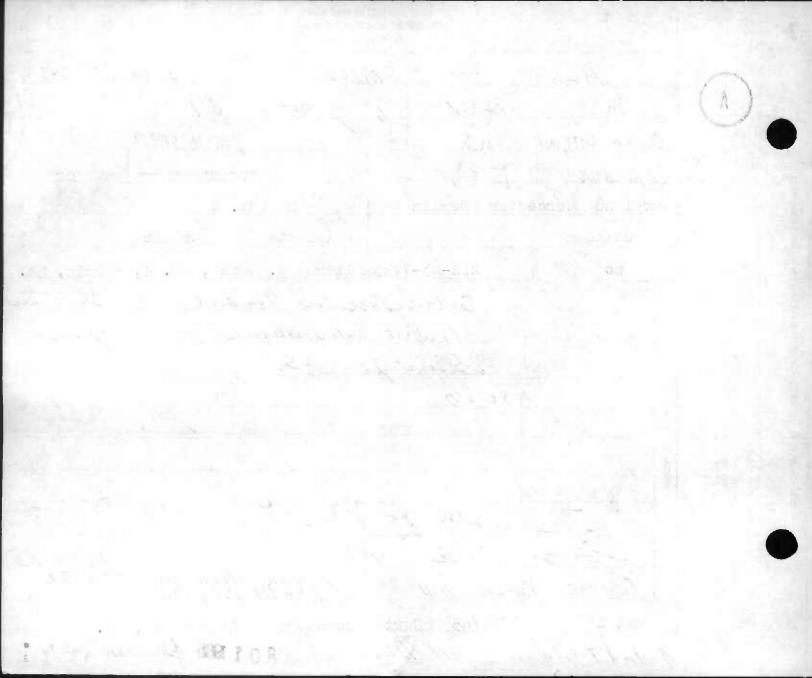
23c NAME OF CEMETERY OR CREMATORY

Curtis Cemetery Bishopvill

23d LOCATION CITY OF TOWN

COUNTY

STATE



gage 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directly should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 hours oftwith the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	FOR		STATE OF MARYLAND	RE	0 5 0 0
1 -	STATE		MENT OF HEALTH AND MENTAL HY	GIENE Q Q	0 3 2 0
		D. Thompson	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	Dewy	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Wilson	Delinbly 7	homoson	2	21 85 90
3 SE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HE
	mal	1 -1 .1	MONTH DAY YEAR	/	MONTHS DATS HOURS MI
7 01	111916	White	4 9 98	86 YRS	
	IRTHPLACE   STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED MI NEVER MARRIED	9 BALTIMORE CITY OR COUNT	/ OF DEATH
	Maryland	USA	WIDOWED DIVORCED	Dorches	too
10 CI	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS C
C	ombridge /	OF NOT IN SUCH FACILITY, GIVE STREET	(DDRESS)	(TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
USU	AL RESIDENCE (IE NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	Farmer	/
13a S	STATE US SOUNK	ent 13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	211,20
IA EA	ATHER'S NAME	TARE CHEST	TO TOWN YES XXX	ISWM: 11St.	XIUFU
IN FA		DDLE A LAST	H MOTHER'S MAIDEN NO	MIDDLE	LAST
	dames	Thomaso	n Georgan	na	D://
	WAS DECEASED EVER IN U.S. ARME			MARIA St	. 21620
	YES, NO OR UNKNOWN) (IF YES GIVE V	VAR OR DATES)	44444 Edith Th	ompson Cheste	rtown, Md.
				Chipson crisses	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	DV A	+ / //	. 0 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	IMMEDIATE	CAUSE (0) CATORAC (	dires) following	(onges/14CH.1	
		DUE TO, OR AS A CONSEQUE	NCE OF		
	Conditions, if ony, which		we Heart feeler	2	
	gove rise to immediate				
	couse (a), stating the underlying couse last.	DUE TO OR AS A CONSEDUE			
		o eval ag			
z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	/EN IN PART 11a
CERTIFICATION					
CA	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
TE.					S \ NO \
CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 1	PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	211. LOCATION		
WE	3.0	(AT HOME STREET, FACTORY OFFICE, FA		CITY OR TOWN	COUNTY STATE
	AT WORK NOT WHILE AT WORK				
	220-1 certify that (1) (this hospital	) ottended the deceased from_	, 19		19, that (I) (we) la
	sow the deceased alive on above, (1) (we) (did) (did not)	19	, and that in (my) (our) opinion	death occurred on the date and hou	ond from the couses stated
	226 SIGNATURE	new the body offer deoff	DEGREE		22c. DATE SIGNED
	m Auch	1 2000	6 410 - C. HITTENDING	_ MEDICAL _ STAFF	2121185
	111. 1816Vh	1100	your on comphysician	DIRECTOR PHYSICIAN	2/1/1/8
	226. PHYSICIAN'S NAME (TYPE OR PE	(INT)	27e ADDRESS		
	HI. SADR	1, M.O	Cambri	dge, Md.	
23a B	SURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	123d LOCATION	
-	1/51/295	2/25/25		_CITY OR TOWN	COUNTY STATE
24	hirial	-12/103 (1	cumpton Cemeter	y Crumpton, M	ld,
24 14	AT. (111) - 1 .	ADDRESS	FFR	18 1985 GIS PARAL TIME	PAR'S TO A CANAL
	1 Willio U	lew Cheste	ertown, Md.	1000	Plate Park
		The second secon			

BOR N. O. W. P. - Service Theory of the service of t The state of the s THE PART III Combindage Statement therein Com Starmer TAIL CONTENT OF MATERIALS CA and wageres request - somet THE STREET STREET STREET

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corban pages 1 and 2 should be filled within 72 hours after deg with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

etoined by the hospital or attending physician.

moy be

FOR STATE REGISTRAR			STATE OF MARYU DEPARTMENT OF HEALTH AND CERTIFICATE OF
DECEASED NAME (TYPE OR PRINT)	MARY	ALICE	TRACY
. SEX		4 RACE	5. DATE OF BIRTH

AND MENTAL HYGIENE

8	5	0	5	2	0	6

11		REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO	).		
		CEASED NAME FIRST MARY	ALI	CE	70	AEY		20. DATE OF 1	DEATH	24	Y YEAR	26 HOUR
3	I. SEX	F	4 RACE CAUC		S. DATE C	DAY	93	6 AGE (IN YEA	ARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
7	C	RTHPLACE (STATE OR FOREIGN COUNTRY)  VEWARK WJ	76. CITIZEN OF V	VHAT COUNTRY?	8. MARRIEI WIDOWE		MARRIED	9. BALTIMOR		CHES		MC
ic	0. CI	CAMBRIKE	(IF NOT IN SUCH	OSPITAL, NURSIN 1 FACILITY, GIVE STREET UDGE H			. /	120 USUAL O (TYPE OF WORK)	FOR MOST OF	WORKING LIFE)		F BUSINESS OR
		AL RESIDENCE (IF HURSING HOME OF TATE 136. COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOW CAMBR	N '	13d. INSIDE O	NO [	13e. STREET A	DDRESS A	4 HE	210	5
91		EDWARD	WIDDLE	Y00			S MAIDEN NAME FIRST		MIDDLE		B 6	CHT
/		VAS DECEASED EVER IN U.S. AR res, no or ujikhown) (1F yes, gi	MED FORCES?	140-14-6		DORO		50GHEG	ADDRE:			
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate	Ď BY: TE CAUSE (a)	AS A CONSEQUE	A							MATE INTERVAL ONSET AND DEATH
	z	couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	CONDITIONS CO		DEATH BUT				OR CONE	OITION GIVEN	IN PART 10	a a
2	CERTIFICATION	CHF SEVER		TION FOR WHICH	_		ANEMI	20a AUTOF	PSY?	206. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED OF DEATH?
91		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DA	AY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTERNATU	URE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	WHILE OCCURRED  WHILE NOT WHILE OF AT WORK		EET, FACTORY OFFICE, F	ARM, ETC )	211. LOCATI			CITY OR TOV	VN	COUNTY	STATE
		27a.1 certify that his haspi sow the deceased alive on abave, (4 per did) (did no	0 0	. /			our) opinian	, ta death accurred	on the do	te and hour o	and from the	
		10000	rent L	July		1000	ATTENDING PHYSICIAN	DIRECTOR [	STAF PHYSIC	F IAN 🗌	210 DATE	14/85
7		22d PHYSICIAN'S NAME (TYPE C	DK PRINT)	0		22e ADDRE	55					

BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) DURIAL 23b. DATE 2/27/85 230 NAME OF CEMETERY OR CREMATORY Graceland Mem.Pk. Renilworth

UNION ₩.J.

THOMAS FUNERAL HOME

FEB 2 8 1985 July Davidson-Rinds CAMBRIDGE MD.

AND THE STANDARD IN THE STANDARD STANDA THE AMERICAN THE PROPERTY OF THE PARTY OF TH

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IF ANY DELAY IS RECEIVE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IF ANY DELAY IS RECEIVE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. AND TO THE FULLE PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALIONG WITH FORM IN HEART PAGES 1. TO FUNDE ALL DEATH WITH FORM IN THE PAGES 1. AND THE PAGES 1.
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						TE OF MA									
1		FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5											
har		REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									2 5 0 1		
THE ONLY	1. DE	CEASED NAME E OR PRINT)		MIDDLE LAST 20. DATE KNOWN						HINOM	DAY	YEAR	Zb. HOUR		
H & 10 50 10 10 10 10 10 10 10 10 10 10 10 10 10	(11)	E OK PKINI)	Alphon	So Vitabile OF ESTI- DEATH MATED 2							2-5	-85		5:40 <sup>P1</sup>	
A COLOR	I SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YE	ARS IF UNDI	R 1 YR. IF	UNDER 24 HF			MONTH	DAY		2d. HOUR	
101	-	Male	White	07-17-30 YEAR	ST BIRTHD	AY) MONTHS		OURS MIN	PRONOU	NCED	0 5			20. 1100K	
3202011	K	RTHPLACE (ST	1476.00			RS.	,		DEA		2 5		1985	M	
MESER/	FO	REIGN COUNTRY)		76. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR CO							OR COUN	Y OF DE	ATH		
A 3 2 3 3 7	Pennsylvania			USA widowed □ Divorced □ Dorchester										MD.	
空里市里 /	10 CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)							YPE OF WORK	OR INDUSTRY			
304	Cambridge			Dorchester General Hospital Regional Manager							rer	Aircraft			
07700	d SUA	L RESIDENCE	(IF IN NURSING HOME OF	THER INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSI	ON)					501	/)	II CL	15	
39438	3a S	TATE	13b. COUNT		TY OR TOWN		d. INSIDE CITY		STREET ADDR	ESS		04	101	3	
* 6 1	14.5	Maryl		000	Cambrie				Byrn St	reet,	Camb	ridge	e, Mc		
E-1001	14.17	THER'S NAME		MIDDLE	LAST	11	. MOTHER'S	S MAIDEN NA	ME	AIDDLE		LA	ST		
SE S				Vitabile Vincenza MIDDLE							Gallo				
N N N N N N N N N N N N N N N N N N N	16a. V	VAS DECEASES ES, NO, OR UNKNO	DEVER IN U.S. ARM	VAR OR DATES)						75 Che	Therry Lane				
GIVE FOR THE F	N	5, NO, OR UNKNO		18:	1-24-0	862	Mary	Ann \	/itabi	le Po	ottsto	own, Pa.			
		18. CAUSE O	F DEATH (Enter only	rane cause per line far (a),	(b), and (c) )							APPR	ROXIMATE IN	NTERVAL	
		PARTIDE	ATH WAS CAUSED	Moltin	nle Skul	l Fra	ctures	3					ew ho		
HIN 24 HO IN ITEM 1 R ALONG SIT PERMIT HYGIENE,	7	8/0	29 IMMEDIATI	DUE TO, OR AS A CO											
NA SIT NA IN		Condition	ns, if ony, which		car auto		den+								
ENCIL IN AMINER , TRANSIT ENTAL HY REMOVA			se ta immediate	/ (b)			dell t					-			
		lying cau	stating the <u>under</u> - se last.	DUE TO, OR AS A CO	ONSEQUENCE (	OF									
ULD BE EXECUTE "PENDING" IN P. EF MEDICAL EX. SED AS A BURIAL HEALTH AND M. CREMATION, OR				(c)											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).													
	O														
USED WEEL	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AU	TOPSY?		
COEDA	Ē											YES NO D			
N C W	ER	21a. EXTERNA	L CAUSE WAS	21b. TIME OF INJURY		121r HOW	/ IN ILIRY OF	CCLIPPED (EN	TER NATURE OF IN	IHRY IN ITEM 1	R PART 1 OR PAI		2 []	NO M	
CERTIFICATE (TING THE WC TO THE WC TO THE WC TO THE WC TO THE B 3 SHOULD B DEPARTMENT RIOR TO BURT	9	216. EXTERNAL CAUSE WAS  216. TIME OF INJURY  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH  5 p.m. 2-5 19 85  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR I  two-car auto accident										,			
SHORT IORA	MEDICAL	21d. INJURY O		210 PLACE OF INJUR	- 17	21f. LOCA		ar auto	accid	ent					
PRED DE DE	ME			STREET, FACTORY, FARM	LETGAL	STRE			CITY OR TO	WN _	COL	צוחנ		STATE	
WR WR AGE		AT WORK	NOT WHILE AT WORK	Choptank	Briage			Cambri	dge, M	aryla	nd 2	1613			
R: TE, TE, SE P		22g, I certif	v that I took charge	of the remains described a	have held on	Autapsy		nspection 🔀	Inquiry	X.	and in my op	ining			
NO PER		death resulte		I causes , Acciden	X-1	icide .	Hamicide				and in my op	imon			
L EXAMI E CERTIF OULD BE OULD BE IL DIRECT MARYDA		deam resome	a IIdii: Naford	reduses [_], Acciden	IT L, 301	icide [_],			determined m	anner	,				
AAR ABOUT		ACTUAL	9	222	0		De pu	rty			DATE	02	2-05-	85	
DEAT ORE,		SIGNATURE	pass	n / Tires	<i>h</i>	M.D.			EDIC AL EXAM	AINER	SIGNE	D		0)	
	A CONTRACTOR OF THE PARTY OF	EXAMINER'S	HAME TO	hn Mace, Jr.			0	iombasi d	me Men		0161	2			
EXECUTE PAGE 4 TO FUNI AFTER DI BALTIMO		(TYPE OR PRIN	117				DKE33	ambrid		ATan	1 2101	2			
PAG PAG BAIL	23a.Bl	JRIAL, CREMAT	ION, REMOVAL 23		NAME OF CEA			r 23d	LOC ATION		COUN	VIV	STATI	E	
BP		irial		2-9-85	xford	Ceme	tery	C	xford		Talbo		Mo		
DHMH - 17	24. FUNERAL DIRECTOR  NAME ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE														
(VR A15 ME (5)) 30M 7/73	Ne	ewnam	Funeral	Home Eas	ston, 1	Md.		FFR 1	1 1085	John	Davidso	n-Rai	nda K		
	_				,				- 1000	A					

